400 Seventh Street, S.W.
Washington, D.C. 20590

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***

NATIONAL ACCIDENT SAMPLING SYSTEM — CONTINUOUS SAMPLING SYS

SUMMARY OF CASE

PSU NO./CASE NO. 87 / 15913 — MONTH/YEAR OF ACCIDENT [redacted] / 1980

VEHICLE PROFILES

NO.	TYPE	YEAR	MAKE	MODEL	DAMAGE
1	car	77	Buick	Electra	major rear end, moderate front end + sides
2	station wagon	82	Plymouth	Reliant	major front ended

PERSON PROFILES

ROLE	RESTRAINT USE	VIOLATIONS CHARGED	MAXIMUM INJURY AIS	MAXIMUM INJURY BODY AREA	MAXIMUM INJURY NATURE
driver V2	yes	none	1	face	laceratio
pass #1	yes	none			
pass #2	yes	none	1	eyelid	laceratio

NARRATIVE DESCRIPTION OF THE ACCIDENT (paths of vehicles, location and nature of collision(s), post-crash trajectories and other factors)

V1 was disabled + parked without a drive in the curb lane of an expressway. V2 came up rapidly behind a car which moved to the left lane. V2 then saw V1 but didn't have time to stop— rear-ending V1 + pushing it into the guard rail

U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

Accident Collision Measurement Table

Primary Sampling Unit Number: 87

Case Number: 1591B

Reference Point: "No parking sign"

Reference Line: E edgeline [redacted]

NCI

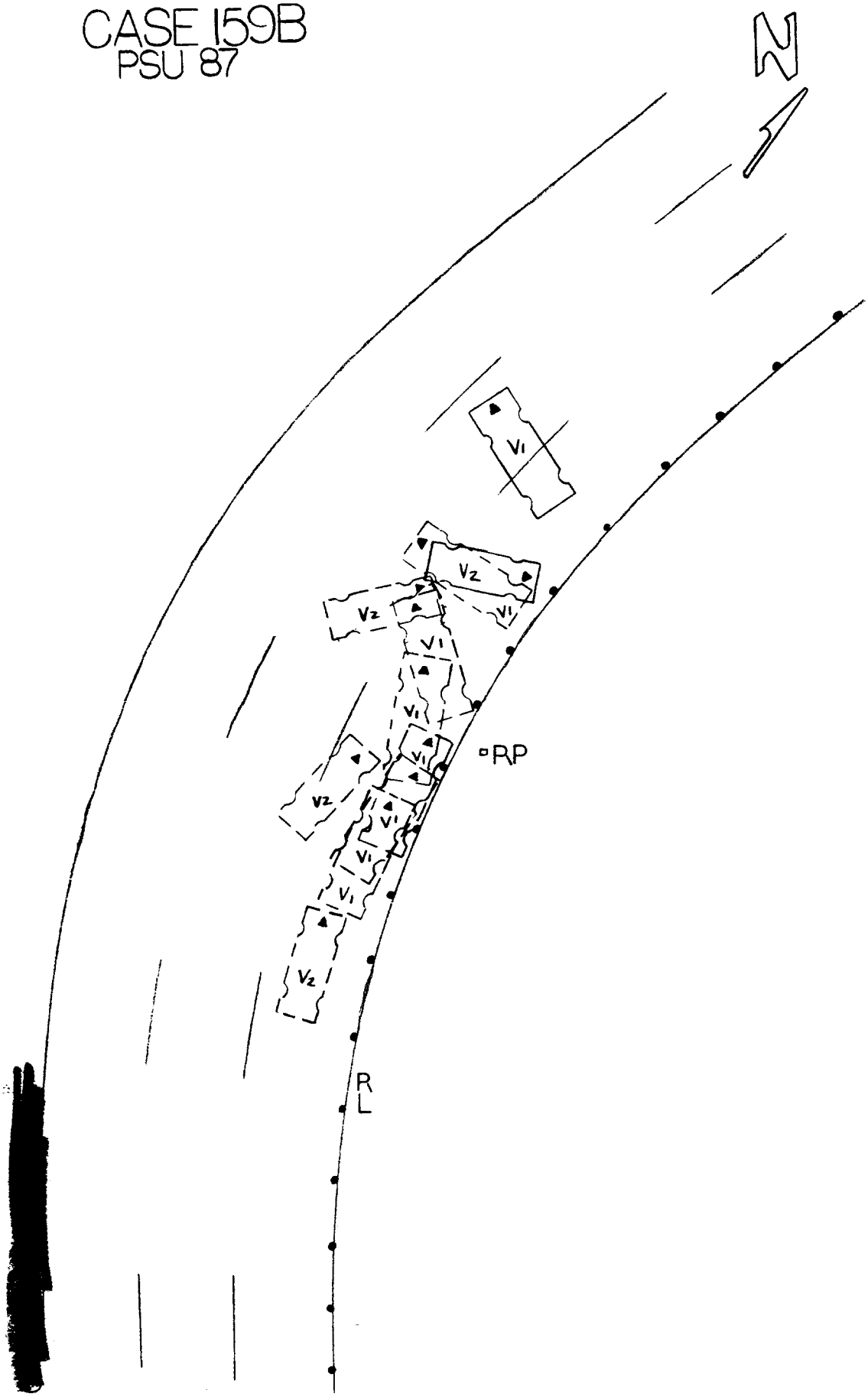
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Couldn't stop to look for evidence on expressway		

Delete Street Names After Case Review

HS-431A (Rev 1/85)

☆U.S. Government Printing Office 1984—421-264/11813

CASE 159B
PSU 87



1" ≅ 20'

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

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Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 72	Bowing: B1 ____ X1 ____
Corner shift: A1 1"	B2 ____ X2 ____
A2 37	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = ____
<4 inches ____	
≥4 inches /	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

stringline .1 too short SEE OTHER SIDE ☆ free space per p7 on site visit 12/1

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	rear bumper	52	C_1	36	45	42.75	41.25	38.25	35.75	8	0
	free space				0	2	2	2	2	0	
	+.1 crush				45 +.1 45.1	40.75 +.1 40.85	39.25 +.1 39.35	36.25 +.1 36.35	33.75 +.1 33.85	8 +.1 8.1	+.45
	right side	69		69							starts 24.5" behind front axle & goes back
	left side	25		51					+13.95		starts 20.0 behind front axle & goes back
2	front bumper	5.25	C_6	32.5	.25	5/8	1 3/8	2 5/8	6 1/8	10.25	starts at center & goes right
	free space				.25	.5	1 1/8	2	3	3.25	
	adj crush				0	.12	.25	.63	3.13	7	+16.25

+.1 +.1 +.1 +.1 +.1 +.1

*Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, at beltline, etc.) or label adjustments (e.g., free space). .1 .22 .35 .73 3.23 7.1 right side impact is a Continuation of frontal impact

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

***Measure and document on the vehicle diagram the location of the maximum crush.

Note: Use as many lines/columns as necessary to describe each damage profile.

	C1	2	3	4	5	6
above bumper rear	+3.75	+4.75	5.0	6.25	6.75	24.5
free space						5.0
adj crush						22.5

AVERAGE C_6 at rear bumper

at bumper 8.1
above 22.5
15.3

FINAL C's rear bumper

C_1	C_2	C_3	C_4	C_5	C_6
45.1	40.85	39.35	36.35	33.85	15.3

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DAMAGE DESCRIPTION

Tire–Wheel Damage

a. Rotation physically restricted

RF 2
LF 2
RR 2
LR 1

b. Tire deflated

RF 2
LF 2
RR 2
LR 1

(1) Yes, (2) No, (8) NA, (9) Unk.

TYPE OF TRANSMISSION

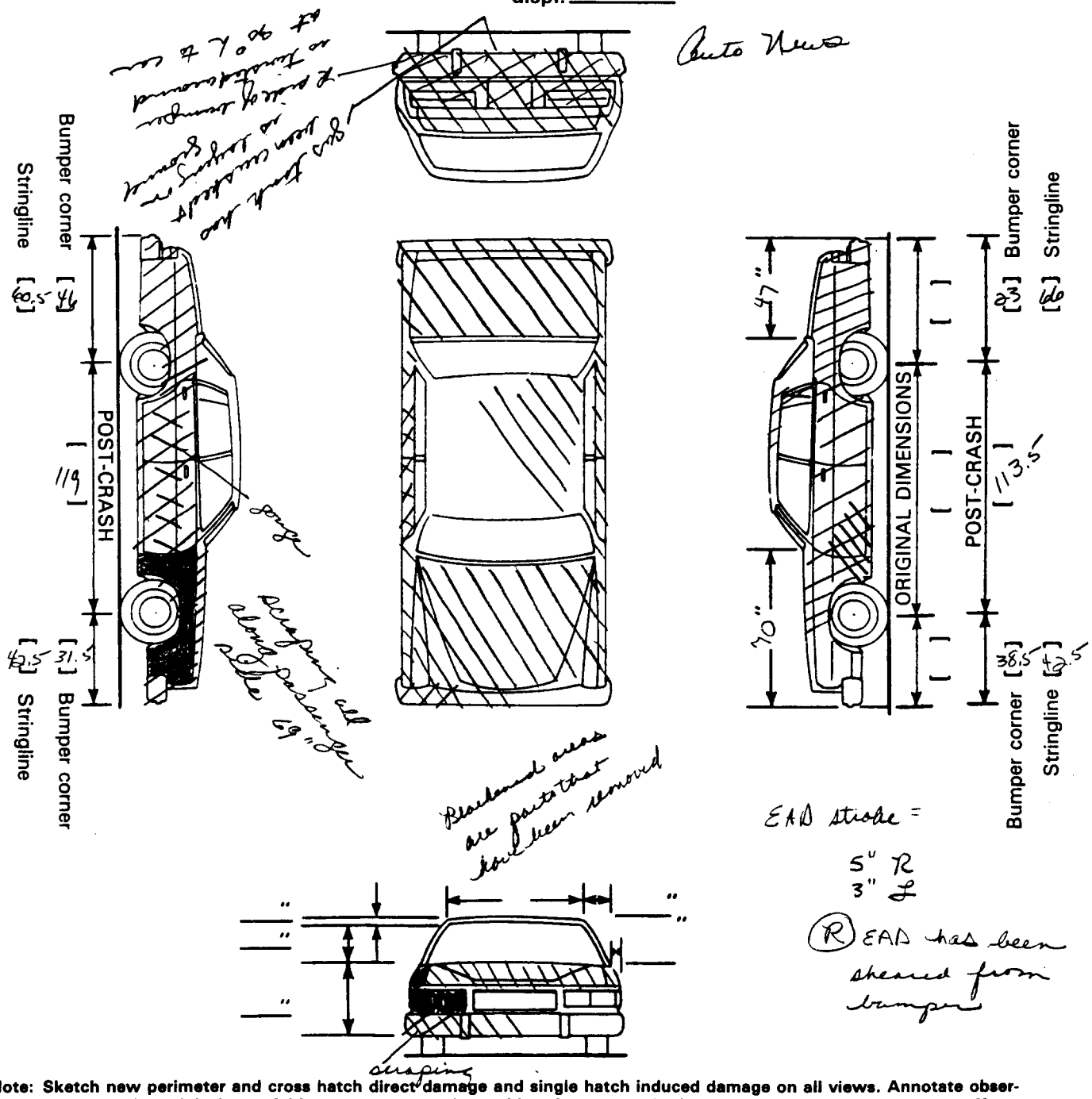
___Manual ___Automatic

Average Track: 61.25
Maximum Width: 77.2
Curb Weight: 3945
Overall Length: 222.1
Wheel Base: 118.9
Engine Size: cyl. 8
displ. 350 cu in

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± ___ ___°
LF ± ___ ___°
RR ± ___ ___°
LR ± 0 0°
Within ±5 degrees



Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.).
If pulling trailer sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete page 6R.

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OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle
Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (≤6 inches in diameter)
(33) Tree (>6 inches in diameter)
Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____
Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	02	180	00	13	D	E	W	05	1
~~5~~	— —	— — —	— —	—	—	—	—	— —	—
~~2~~ 8	02	360	00	F	R	?	E	09	2
~~3~~ 4	02	350	00	L	F	W	N	01	3
~~4~~ 3	02	350	00	L	Y	E	S	01	4
6	— —	— — —	— —	—	—	—	—	— —	—
7	— —	— — —	— —	—	—	—	—	— —	—

per p7

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

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RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	2	3	2	2	2				
	Indication of Usage	3	0	0	0	0	0				
AUTOMATIC	Availability										
	Function										

Manual Restraint System
-Availability-
___ (0) None available
___ (1) Shoulder belt
___ (2) Lap belt
___ (3) Lap and shoulder belt
___ (4) Motorcycle helmet
___ (5) Child safety seat (designed without tether or unknown design)
___ (6) Child safety seat (designed with tether - tether not used) (specify):
___ (7) Child safety seat (designed with tether - tether used)
___ (8) Restraint available - type unknown or other (specify):
___ (9) Unknown

Manual Restraint System
-Indication of Usage-
___ (0) None used
___ (1) Shoulder belt
___ (2) Lap belt
___ (3) Lap and shoulder belt
___ (4) Motorcycle helmet
___ (5) Child safety seat - car lap belt used properly
___ (6) Child safety seat - car lap belt used improperly (specify):
___ (7) Child safety seat - unknown if car lap belt used properly
___ (8) Restraint used - type unknown or other (specify):
___ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
___ (0) Not equipped
___ (1) Airbag
___ (2) Airbag disconnected
___ (3) Airbag not reinstalled
___ (4) Two point automatic belts
___ (5) Three point automatic belts
___ (6) Automatic belts destroyed or rendered inoperable
___ (9) Unknown

Infant or Child Restraint Make/Model

Type of Infant or Child Restraint
___ (0) No infant or child restraint
___ (1) Infant seat
___ (2) Child seat
___ (3) Convertible seat
___ (4) Booster seat
___ (7) Other type seat (specify):
___ (8) Unknown type restraint
___ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
___ (0) Not equipped
___ (1) Automatic belt in use
___ (2) Automatic belt not in use
___ (3) Deployed airbag
___ (4) Non-deployed airbag
___ (9) Unknown

Infant or Child Seat Orientation
___ (0) No infant or child seat
___ (1) Rear facing
___ (2) Forwarding facing
___ (7) Other orientation (specify):
___ (8) Unknown orientation
___ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
___ (0) No infant or child restraint
___ (1) Harness/shield used
___ (2) Harness/shield not used
___ (8) Unknown harness/shield usage
___ (9) Unknown if restraint available

*Specify the Other Position or Unit referenced:

INDICATIONS OF EJECTION

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

/ No ejection

Ejection Area
___ Windshield
___ Left front
___ Right front
___ Left rear
___ Right rear
___ Rear
___ Roof
___ Other area (e.g., sidecar, back of pickup, etc.)
___ Unknown

Ejection Medium
___ Door (side)
___ Door (rear)
___ Open roof structure
___ Fixed windows
___ Other medium type
___ Unknown

Operable windows
___ Roll down type
___ Hinged typed
___ Sliding type
___ Other type window

Medium Status
___ Open
___ Separation
___ Closed, closed when damaged
___ Integral structure ripped opened
___ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT
___ Windshield
___ Mirror
___ Sunvisor
___ Steering wheel rim
___ Steering wheel hub/spoke
___ Steering wheel (combination of rim/hub/spoke)
___ Steering column, transmission selector lever, other attachment
___ Add on equipment (e.g., CB, tape deck, air conditioner)
___ Left instrument panel and below
___ Center instrument panel and below
___ Right instrument panel and below
___ Other front object

SIDE
___ Side interior surface, excluding hardware or armrests
___ Side hardware or armrest
___ A pillar
___ B pillar
___ Other pillar
___ Window glass or frame
___ Other side object

INTERIOR
___ Seat, back support
___ Belt restraint system
___ Head restraint system
___ Air cushion
___ Other occupants
___ Interior loose objects
___ Other interior object

ROOF
___ Front header
___ Rear header
___ Roof side rails
___ Roof or convertible top

FLOOR
___ Floor
___ Floor or console mounted transmission lever, including console
___ Parking brake handle
___ Foot controls including parking brake

REAR
___ Backlight (rear window)
___ Backlight storage rack, door, etc.
___ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
___ Hood
___ Outside hardware (e.g., outside mirror, antenna)
___ Other exterior surface or tires
___ Unknown exterior objects

CYCLE
___ Handle bars or attachments
___ Frame or suspension component or fender
___ Seat
___ Foot pedal, foot rest, foot pegs
___ Wheel or tire
___ Engine or transmission
___ Gas tank, gas tank filling cap or neck
___ Other cycle part

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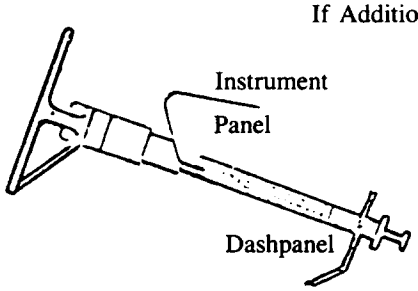
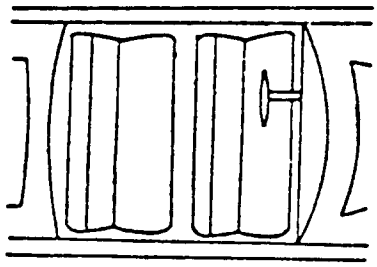
VEHICLE INTERIOR

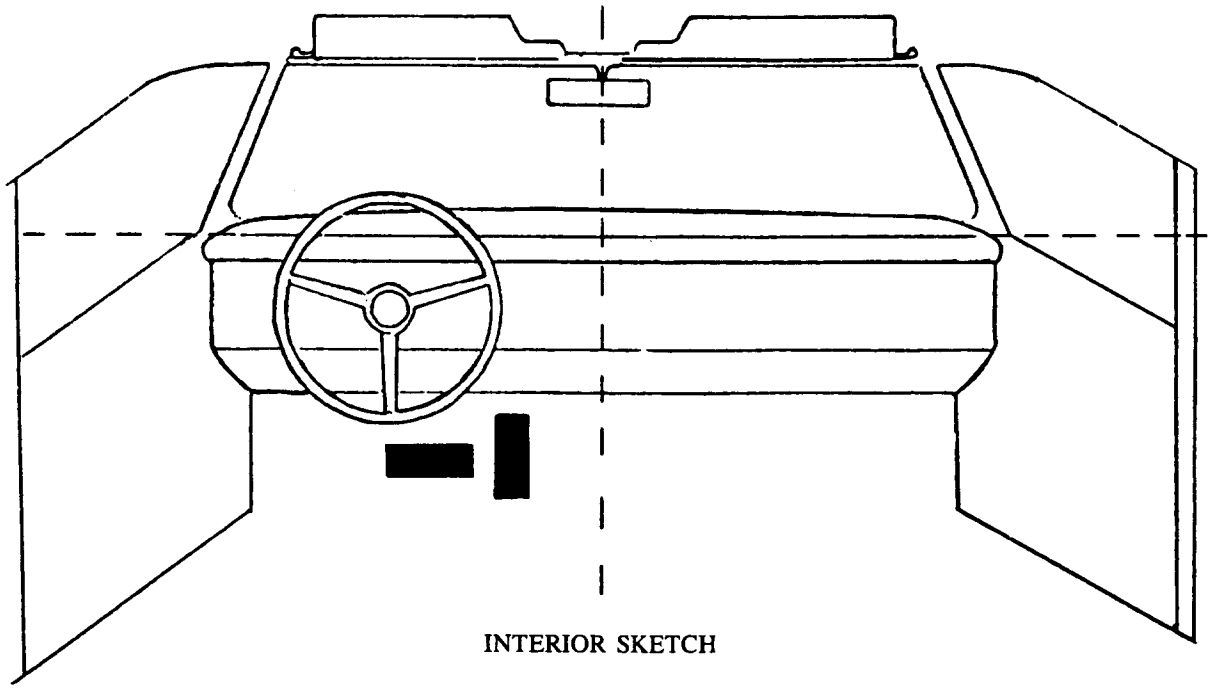
POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTING PHYSICAL EVIDENCE	Confidence Level of Contact Point
A		No occupants in car	1 2
B			1 2
C			1 2
D			1 2
E			1 2
F			1 2
G			1 2
H			1 2

If Additional Contact Points, Continue on Reverse Side







INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain - 1; and possible - 2.

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ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a synopsis of an uninterrupted narrative by the driver.)

Delete After Case Review

Estimated Travel Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

__ Stopped __ Less than 5 m.p.h.

____ Actual speed (in increments)

__ Not applicable __ Unknown

Estimated Impact Speed
(NOTE: Record as obtained from interviewee in increments of 5 m.p.h.; note information source e.g., speedometer, estimate, etc.)

__ Stopped __ Less than 5 m.p.h.

____ Actual speed (in increments)

__ Not applicable __ Unknown

INFORMATION SOURCE:

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

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PRE-CRASH

Direction of Travel

- __ North
- __ East
- __ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- __ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other:_____
(9) Unknown

[2]Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other:_____
(8) Not applicable
(9) Unknown

[3]Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other:_____
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, __ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	__	__	__	__	__	__	__	__
2	__	__	__	__	__	__	__	__
3	__	__	__	__	__	__	__	__
4	__	__	__	__	__	__	__	__
5	__	__	__	__	__	__	__	__
6	__	__	__	__	__	__	__	__

POST-CRASH

Final Rest Position

- __ On roadway
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other:

_____

- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

- __ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other:

_____

- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

_____

_____

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ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.

Indicate North

Any luggage or other cargo in vehicle when accident occurred? Estimated Weight:_____lbs.

Describe: _____

Hazardous cargo in vehicle? ☐ No ☐ Yes If yes, specify:_____

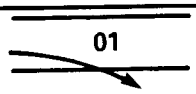
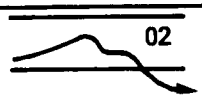
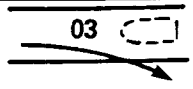
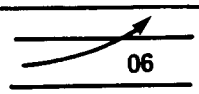
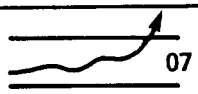
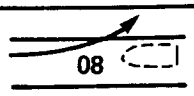
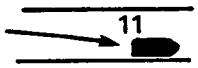
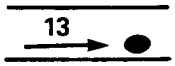
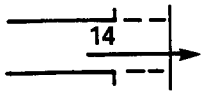
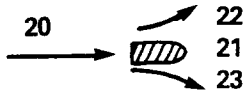
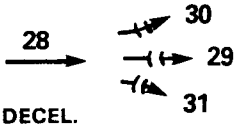
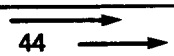
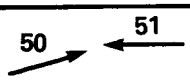
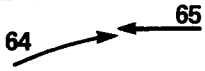
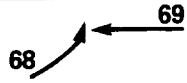
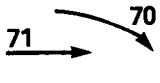
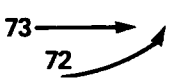
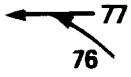
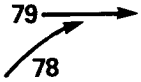
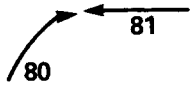
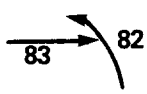
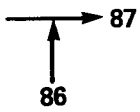
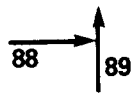
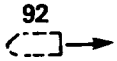
Present location of vehicle (if not yet inspected)?_____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

__ None
__ Narrow bridge (as defined)
__ Previous accident
__ Maintenance, repair, or construction activity on roadway
__ Roadway immersion (standing water)
__ Unknown

Road Surface Condition

__ Dry
__ Snow or slush
__ Wet
__ Ice
__ Sand, dirt or oil
__ Unknown

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D Rear-End	 20 22 21 23 STOPPED 21, 22, 23	 24 26 25 27 SLOWER 25, 26, 27	 28 30 29 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 35 CONTROL/ TRACTION LOSS	 36 37 CONTROL/ TRACTION LOSS	 38 39 AVOID COLLISION WITH VEH.	 40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	 44 45	(EACH • 46) SPECIFICS OTHER		(EACH • 47) SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	 50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN	
	H. Forward Impact	 54 55 CONTROL/ TRACTION LOSS	 56 57 CONTROL/ TRACTION LOSS	 58 59 AVOID COLLISION WITH VEH.	 60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN	
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS	 71 70 INITIAL SAME DIRECTIONS	 73 72		(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76  79 78 TURN INTO SAME DIRECTION	 81 80  83 82 TURN INTO OPPOSITE DIRECTIONS			(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86  88 89			(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH. 93 OTHER VEH. OR OBJECT			98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

PSU NUMBER 87
CASE NUMBER 159B
VEHICLE NUMBER 01

OCCUPANT DATA FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

[✓] ENTIRE FORM

[ ] PAGE NUMBER(S) _____

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

FIELD MEASUREMENTS

NCI

Complete When Applicable	
End Damage	**Side Damage**
Undeformed end width 63	Bowing: B1 ____ X1 ____
Corner shift: A1 4	B2 ____ X2 ____
A2 3	Bowing constant
End shift at frame (CDC) (check one)	$\frac{X1 + X2}{2}$ = ____
<4 inches ✓	
≥4 inches ____	

Note: Measure C1 to C6 from Driver to Passenger side in Front or Rear impacts–
Rear to Front in Side impacts.

Specific Impact Number	Plane* of C-Measurements	Direct Damage Width** (CDC)	Direct Damage Max*** Crush	Field L**	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	bumper	59	C6	54	1 1/8	8.75	13.25	14.25	15.75	17.75	0
	free				1.25	.75	0	0	.75	1.25	
	adj crush				0	8	13.25	14.25	15	17.5	
	above				9.5	16.75	18	20	22.50	25.0	
	free space				7.5	~~8.75~~	8	8	8.75	7.5	
	adj crush				2	8	10	12	13.75	17.5	
	average crush	(averaged at C1 only)			1	8	13.25	14.25	15	17.5	

*Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, at beltline, etc.) or label adjustments (e.g., free space).

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Measure and document on the vehicle diagram the beginning or end of the direct damage width and field L (e.g., side damage with respect to undamaged axle.)

***Measure and document on the vehicle diagram the location of the maximum crush.

Note: Use as many lines/columns as necessary to describe each damage profile.

NCI

DAMAGE DESCRIPTION

Tire—Wheel Damage

a. Rotation physically restricted		b. Tire deflated	
RF	1	RF	2
LF	2	LF	2
RR	2	RR	2
LR	2	LR	2

(1) Yes, (2) No, (8) NA, (9) Unk.

TYPE OF TRANSMISSION

___Manual ~~Automatic~~

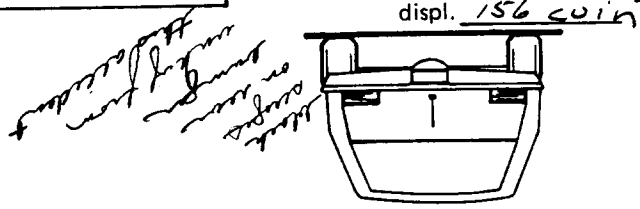
Average Track: 57.3
Maximum Width: 68.6
Curb Weight: 2524
Overall Length: 176.2
Wheel Base: 95.6
Engine Size: cyl. 4
displ. 156 cuin

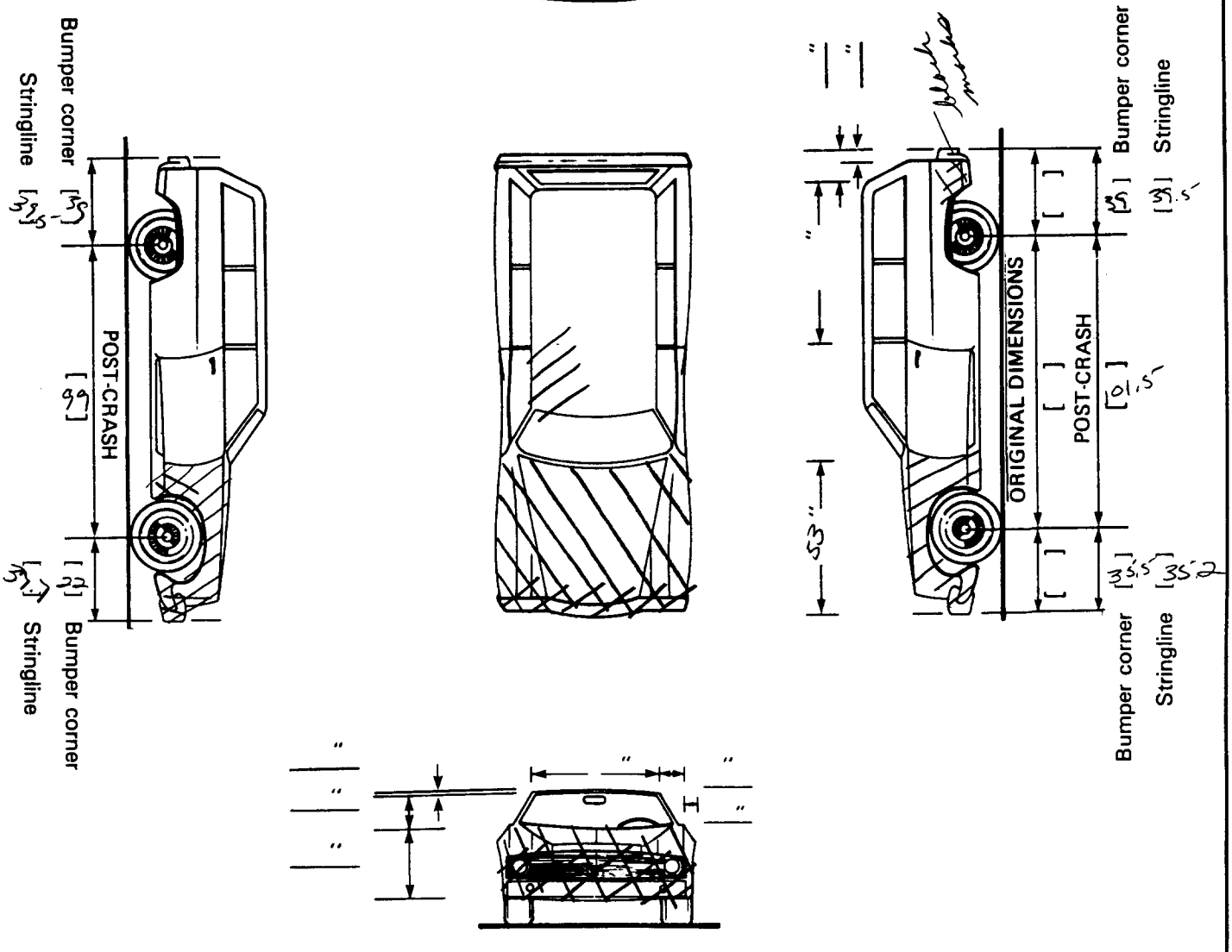
WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± 0 5°
LF ± ___ ___°
RR ± ___ ___°
LR ± ___ ___°

Within ± 5 degrees





Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.)
If pulling trailer sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying or hydraulic shears.
If the vehicle contacted a pedestrian, complete page 6R.

National Accident Sampling System—Continuous Sampling Subsystem: Vehicle Data

NCI

OBJECT CONTACTED
(00) Noncollision
(01) through (30)
If the object contacted by the vehicle under consideration was a motor vehicle in transport, code the Vehicle Number assigned to that vehicle
Collision with Stationary Object
(31) Motor vehicle not in transport*
(32) Tree (≤6 inches in diameter)
(33) Tree (>6 inches in diameter)
Highway/Traffic Supports
(34) Luminaire - breakaway
(35) Luminaire - nonbreakaway
(36) Large sign - breakaway
(37) Large sign - nonbreakaway
(38) Small sign - breakaway
(39) Small sign - nonbreakaway
(40) Utility pole
(41) Traffic signal pole
(42) Delineator
(43) Other post, pole or support (specify): _____
(44) Fence
(45) Mail box
(46) Other movable object (specify): _____
(47) Culvert
(48) Railroad tracks
(49) Curb
(50) Abutment
(51) Wall (stone, rock, metal, etc.)
(52) Embankment - earth
(53) Embankment - rock, stone or concrete
(54) Building, rigid
(55) Building, nonrigid
(56) Bridge pier or abutment
(57) Bridge rail
(58) Bridge parapet end
(59) Guardrail - bridge rail transition
(60) Guardrail end (non-median)
(61) Guardrail end (median)
(62) Guardrail (non-median)
(63) Guardrail (median)
(64) Concrete barrier (non-median)
(65) Concrete barrier (median)
(66) Other median barrier (specify): _____
(67) Other longitudinal barrier (non-median) (specify): _____
(68) Impact attenuator/Crash cushion
(69) Ground
(70) Train
(71) Ditch
(72) Other stationary/fixed object (specify): _____
Collision with Nonstationary Objects
(73) Animal
(74) Trailer, disconnected in transport
(75) Train
(76) Other nonstationary objects (specify): _____
(81) through (95)
If the object contacted by the vehicle under consideration was pedestrian or nonmotorist, add eighty (80) to the assigned Pedestrian & Nonmotorist Number, and code the resultant sum.
(96) Vehicle occupant
(97) Other object (specify): _____
(99) Unknown

*NOTE: For coding CDC or TDC investigators must refer to appropriate reference documents for accurate coding. If this vehicle impacted a vehicle not in transport, fill in the information for that vehicle at the end of the CRASH Program Summary.

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Event Number (this vehicle)	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(19) Deformation Extent Guide	Event Number (in accident)
1	01	360	00	F	D	E	W	02	1
2	01	360	00	F	L	L	E	01	3
3	01	360	00	L	F	W	N	01	4
4	— —	— — —	— —	—	—	—	—	— —	—
5	— —	— — —	— —	—	—	—	—	— —	—
6	— —	— — —	— —	—	—	—	—	— —	—
7	— —	— — —	— —	—	—	—	—	— —	—

per p7

National Accident Sampling System — Continuous Sampling Subsystem: Vehicle Data

NCI

RESTRAINT SYSTEM		Front Seat: Left	Front Seat: Middle	Front Seat: Right	Second Seat: Left	Second Seat: Middle	Second Seat: Right	Third Seat: Left	Third Seat: Middle	Third Seat: Right	Other Position or Unit*
MANUAL	Availability	3	2	3	2	2	2				
	Indication of Usage	3	2	3	2	2	2				
AUTOMATIC	Availability										
	Function										

Manual Restraint System
-Availability-
___ (0) None available
___ (1) Shoulder belt
___ (2) Lap belt
___ (3) Lap and shoulder belt
___ (4) Motorcycle helmet
___ (5) Child safety seat (designed without tether or unknown design)
___ (6) Child safety seat (designed with tether - tether not used) (specify):
___ (7) Child safety seat (designed with tether - tether used)
___ (8) Restraint available - type unknown or other (specify):
___ (9) Unknown

Manual Restraint System
-Indication of Usage-
___ (0) None used
___ (1) Shoulder belt
___ (2) Lap belt
___ (3) Lap and shoulder belt
___ (4) Motorcycle helmet
___ (5) Child safety seat - car lap belt used properly
___ (6) Child safety seat - car lap belt used improperly (specify):
___ (7) Child safety seat - unknown if car lap belt used properly
___ (8) Restraint used - type unknown or other (specify):
___ (9) Unknown

Automatic (Passive) Restraint System
-Availability-
___ (0) Not equipped
___ (1) Airbag
___ (2) Airbag disconnected
___ (3) Airbag not reinstalled
___ (4) Two point automatic belts
___ (5) Three point automatic belts
___ (6) Automatic belts destroyed or rendered inoperable
___ (9) Unknown

Infant or Child Restraint Make/Model

Type of Infant or Child Restraint
___ (0) No infant or child restraint
___ (1) Infant seat
___ (2) Child seat
___ (3) Convertible seat
___ (4) Booster seat
___ (7) Other type seat (specify):
___ (8) Unknown type restraint
___ (9) Unknown if restraint available

Automatic (Passive) Restraint System
-Function-
___ (0) Not equipped
___ (1) Automatic belt in use
___ (2) Automatic belt not in use
___ (3) Deployed airbag
___ (4) Non-deployed airbag
___ (9) Unknown

Infant or Child Seat Orientation
___ (0) No infant or child seat
___ (1) Rear facing
___ (2) Forwarding facing
___ (7) Other orientation (specify):
___ (8) Unknown orientation
___ (9) Unknown if restraint available

Infant or Child Restraint Harness/Shield Usage
___ (0) No infant or child restraint
___ (1) Harness/shield used
___ (2) Harness/shield not used
___ (8) Unknown harness/shield usage
___ (9) Unknown if restraint available

*Specify the Other Position or Unit referenced:

INDICATIONS OF EJECTION

If ejection is suspected or reported, indicate the avenue; for multiple avenues number them and utilize the same numbers consistently throughout.

___ No ejection

Ejection Area
___ Windshield
___ Left front
___ Right front
___ Left rear
___ Right rear
___ Rear
___ Roof
___ Other area (e.g., sidecar, back of pickup, etc.)
___ Unknown

Ejection Medium
___ Door (side)
___ Door (rear)
___ Open roof structure
___ Fixed windows
___ Other medium type
___ Unknown

Operable windows
___ Roll down type
___ Hinged typed
___ Sliding type
___ Other type window

Medium Status
___ Open
___ Separation
___ Closed, closed when damaged
___ Integral structure ripped opened
___ Status known

CHECK ALL AREAS of SUSPECTED OCCUPANT CONTACT

FRONT
___ Windshield
___ Mirror
___ Sunvisor
___ Steering wheel rim
___ Steering wheel hub/spoke
___ Steering wheel (combination of rim/hub/spoke)
___ Steering column, transmission selector lever, other attachment
___ Add on equipment (e.g., CB, tape deck, air conditioner)
___ Left instrument panel and below
___ Center instrument panel and below
___ Right instrument panel and below
___ Other front object

SIDE
___ Side interior surface, excluding hardware or armrests
___ Side hardware or armrest
___ A pillar
___ B pillar
___ Other pillar
___ Window glass or frame
___ Other side object

INTERIOR
___ Seat, back support
___ Belt restraint system
___ Head restraint system
___ Air cushion
___ Other occupants
___ Interior loose objects
___ Other interior object

ROOF
___ Front header
___ Rear header
___ Roof side rails
___ Roof or convertible top

FLOOR
___ Floor
___ Floor or console mounted transmission lever, including console
___ Parking brake handle
___ Foot controls including parking brake

REAR
___ Backlight (rear window)
___ Backlight storage rack, door, etc.
___ Other rear object

EXTERIOR OF OCCUPANT'S VEHICLE
Noncycle
___ Hood
___ Outside hardware (e.g., outside mirror, antenna)
___ Other exterior surface or tires
___ Unknown exterior objects

CYCLE
___ Handle bars or attachments
___ Frame or suspension component or fender
___ Seat
___ Foot pedal, foot rest, foot pegs
___ Wheel or tire
___ Engine or transmission
___ Gas tank, gas tank filling cap or neck
___ Other cycle part

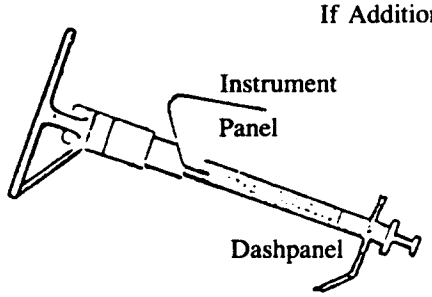
NCI

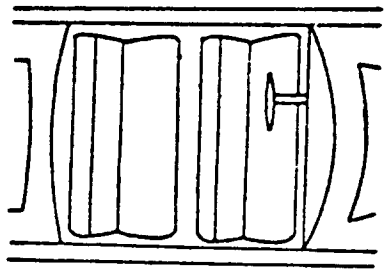
VEHICLE INTERIOR

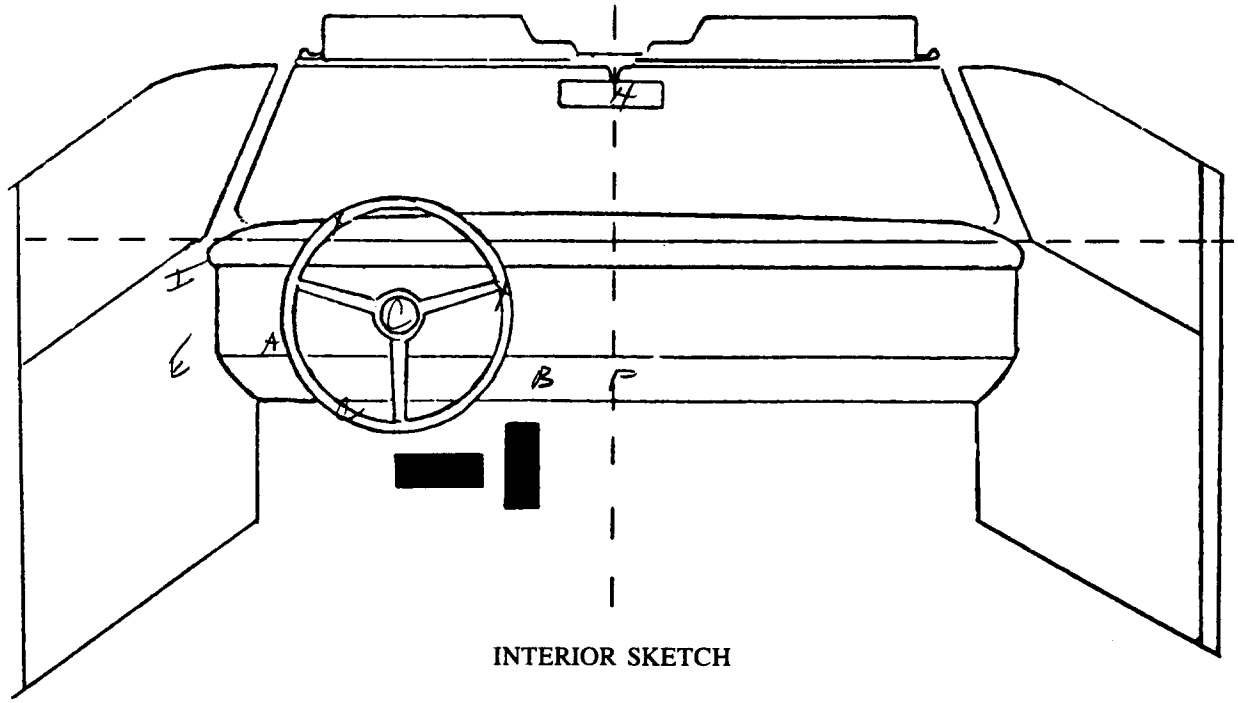
POINTS OF OCCUPANT CONTACT

CONTACT	INTERIOR PART CONTACTED	SUPPORTING PHYSICAL EVIDENCE	Confidence Level of Contact Point
A	dash	broken out	(1) 2
B	dash	broken out	(1) 2
C	steering wheel rim	cracked in several places also bloody	(1) 2
D	steering wheel hub	bloody	(1) 2
E	molding	pulled out	(1) 2
F	coin drawer	pulled out	(1) 2
G	glove box	sprung open	1 (2)
H	rear view mirror	gone from windshield	(1) 2

If Additional Contact Points, Continue on Reverse Side







INTERIOR SKETCH

Sketch controls in appropriate positions, if contacted. Sketch and describe all occupant contact points (i.e., dents, skin transfer, etc.) and code on preceding page. Dash lines indicate center of instrument panel-windshield area and top of panel for reference purposes.

Codes for Confidence Level of Contact Point are: Certain – 1; and possible – 2.

I	outside mirror crank	bent	(1)
I	dome light	dangling from ceiling	(2)

NCI

ACCIDENT DESCRIPTION INSTRUCTIONS

Do not interrupt person during general description (narrative), unless he/she requests your assistance. Attempt to summarize the narrative while minimizing any disruptions of the person's internal logic. Specific questions may be asked later. Write these questions down in the space below or on the other side of the paper, prior to the interview.

SPECIFIC QUESTION: _____

_____

_____

_____

_____

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

(This represents a summary [illegible] by the driver.)

Case Review

PSU/Case Number 87159B
Vehicle Number 02

National Accident Sampling System — Continuous Sampling Subsystem: Driver Data

NCI

PRE-CRASH

Direction of Travel

- ✓ North
- __ East
- __ South
- __ West
- __ Northeast
- __ Southeast
- __ Northwest
- __ Southwest
- __ Not applicable
- __ Unknown

Travel Lane
(NOTE: Lane one is the curb or shoulder lane; lane two is the next lane, etc. to the median or centerline. Opposing lanes are numbered similarly and distinguished by direction of travel.)

- ✓ 1st lane
- __ 2nd lane
- __ 3rd lane
- __ 4th lane
- __ 5th or additional lane
- __ On shoulder
- __ On trafficway
- __ Off road
- __ Outside trafficway
- __ Not applicable
- __ Unknown

[1] Object Contacted
(✓) Motor vehicle
(0) Guardrail
(1) Ditch
(2) Ground
(3) Tree
(4) Pole
(5) Sign
(6) Pedacyclist
(7) Pedestrian
(8) Other: _____
(9) Unknown

[2] Vehicle Impact Location
(1) Front
(2) Right side
(3) Rear
(4) Left side
(5) Top
(6) Undercarriage
(7) Other: _____
(8) Not applicable
(9) Unknown

[3] Vehicle Orientation
(1) Tracking, no skidding (includes controlled turn)
(2) Tracking, skidding
(3) Rotated clockwise to path of travel
(4) Rotated counterclockwise to path of travel
(5) Rolling over
(6) Jackknifed
(7) Other: parked
(8) Not applicable
(9) Unknown

DRIVER VIEW of TOTAL ACCIDENT CONTACT SEQUENCE

Did More Than Six Impacts Occur? __ Unknown, ✓ No, __ Yes: code the six severest impacts.

Event Number (Driver)	Final Event Number (Investigator)	Object Contacted[1]	One Vehicle			Other Vehicle—if applicable		
			Vehicle Number	Event Location[2]	Vehicle Orientation[3]	Vehicle Number	Event Location[2]	Vehicle Orientation[3]
1	1	✓	2	1	1	1	3	7
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—

POST-CRASH

Final Rest Position

- ✓ On roadway — facing guard rail 24'
- __ On shoulder
- __ In parking lane
- __ In median
- __ Off road (beyond shoulder area)
- __ Other: other car facing inside lane ½ inside that lane 20' ahead of her
- __ Not applicable
- __ Unknown

Driver Inputs Between Last Point-of-Impact and Final Rest Position

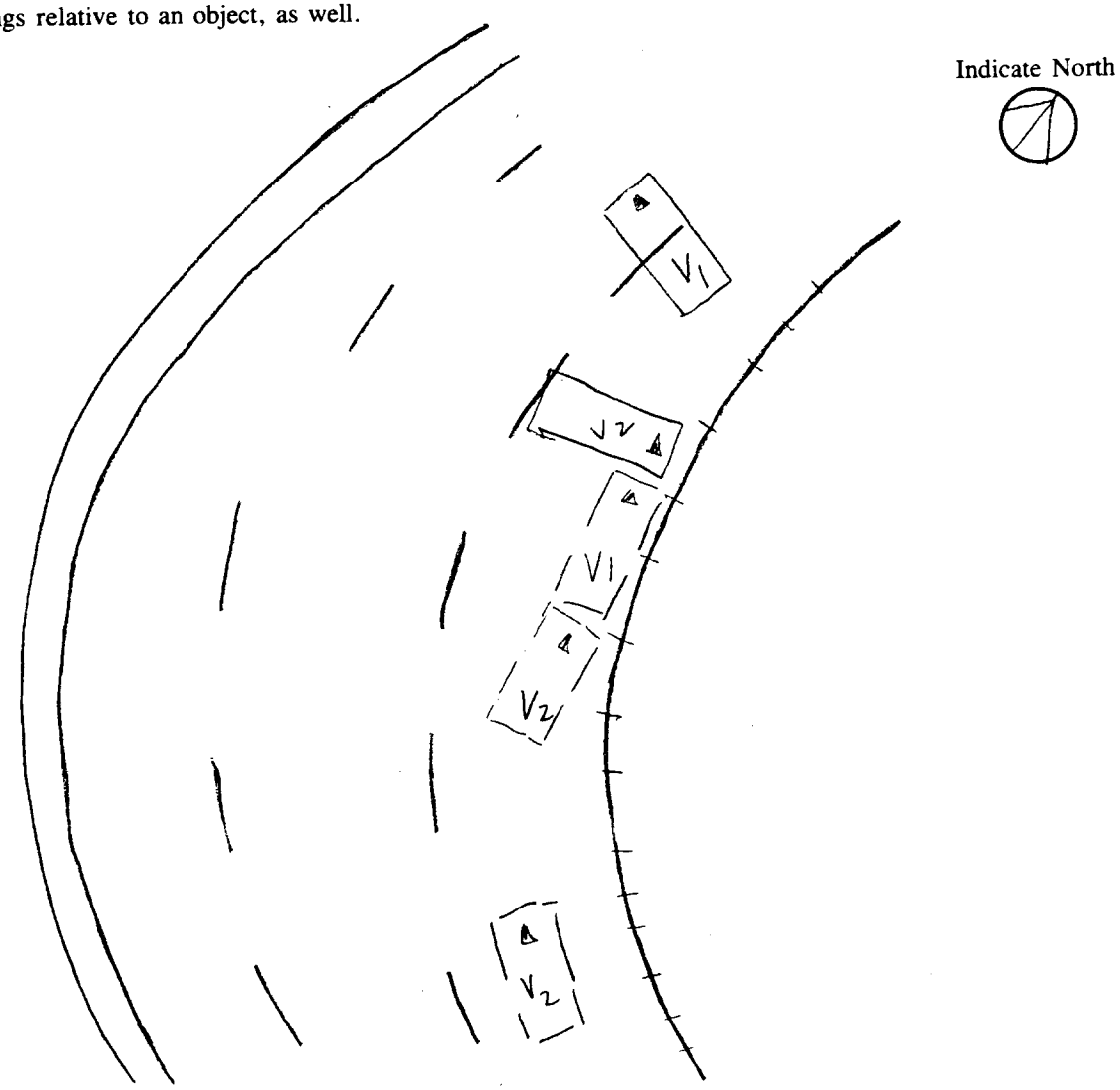
- ✓ None
- __ Steering left
- __ Braking and steering left
- __ Braking and steering right
- __ Acceleration followed by braking
- __ Acceleration followed by braking and steering
- __ Releasing brake
- __ Other: _____
- __ Braking
- __ Steering right
- __ Not applicable
- __ Unknown

If multiple impacts occurred, describe driver inputs between initial and last point-of-impact.

NCI

ACCIDENT DIAGRAM

Draw a rough sketch of the accident sequence as described by the driver. Note impact and final rest positions carefully. If possible, relate these to some identifiable object in the area, and record vehicle and pedestrian or nonmotorist headings relative to an object, as well.



Any luggage or other cargo in vehicle when accident occurred? Estimated Weight:_____lbs.

Describe: 2 SPARE TIRES

Hazardous cargo in vehicle? ☒ No ☐ Yes If yes, specify:_____

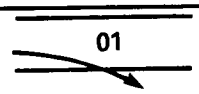
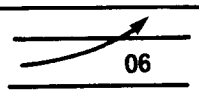
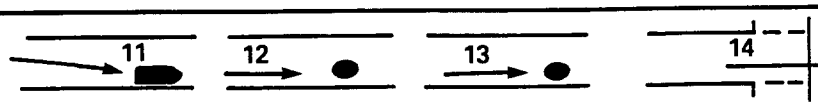
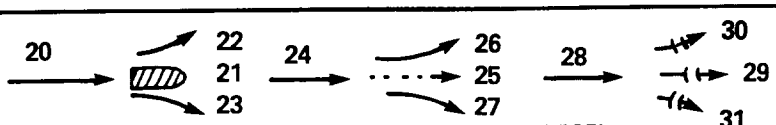
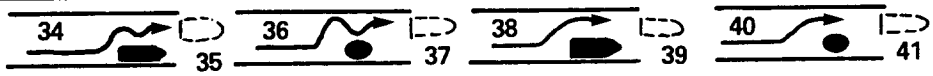
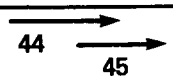
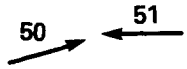
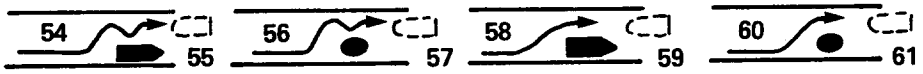
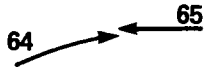
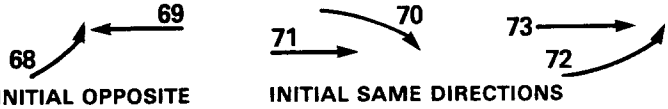
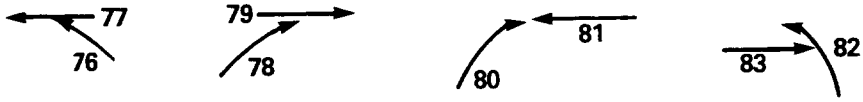
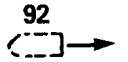
Present location of vehicle (if not yet inspected)?_____

Did any of the Following Restrictions of the Road Exist Prior to the Accident

- ✓ None
- __ Narrow bridge (as defined)
- __ Previous accident
- __ Maintenance, repair, or construction activity on roadway
- __ Roadway immersion (standing water)
- __ Unknown

Road Surface Condition

- ✓ Dry
- __ Snow or slush
- __ Wet
- __ Ice
- __ Sand, dirt or oil
- __ Unknown

Category	Configuration	ACCIDENT TYPES (Includes Intent)
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD; 02 CONTROL/ TRACTION LOSS; 03 AVOID COLLISION WITH VEH., PED., ANIM.; 04 SPECIFICS OTHER; 05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD; 07 CONTROL/ TRACTION LOSS; 08 AVOID COLLISION WITH VEH., PED., ANIM.; 09 SPECIFICS OTHER; 10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.; 12 STA. OBJECT; 13 PEDESTRIAN/ ANIMAL; 14 END DEPARTURE; 15 SPECIFICS OTHER; 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23; 22 21 23; 24 SLOWER 25, 26, 27; 26 25 27; 28 DECEL. 29, 30, 31; 30 29 31; (EACH • 32) SPECIFICS OTHER; (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 35 CONTROL/ TRACTION LOSS; 36 37 CONTROL/ TRACTION LOSS; 38 39 AVOID COLLISION WITH VEH.; 40 41 AVOID COLLISION WITH OBJECT; (EACH • 42) SPECIFICS OTHER; (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	 44 45; (EACH • 46) SPECIFICS OTHER; (EACH • 47) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 51 LATERAL MOVE; (EACH • 52) SPECIFICS OTHER; (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 55 CONTROL/ TRACTION LOSS; 56 57 CONTROL/ TRACTION LOSS; 58 59 AVOID COLLISION WITH VEH.; 60 61 AVOID COLLISION WITH OBJECT; (EACH • 62) SPECIFICS OTHER; (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 65 LATERAL MOVE; (EACH • 66) SPECIFICS OTHER; (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS; 71 70 73 72 INITIAL SAME DIRECTIONS; (EACH • 74) SPECIFICS OTHER; (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 76 77 79 78 TURN INTO SAME DIRECTION; 80 81 83 82 TURN INTO OPPOSITE DIRECTIONS; (EACH • 84) SPECIFICS OTHER; (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87 88 89; (EACH • 90) SPECIFICS OTHER; (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH. 93 OTHER VEH. OR OBJECT; 98 Other Accident Type; 99 Unknown Accident Type; 00 No Impact

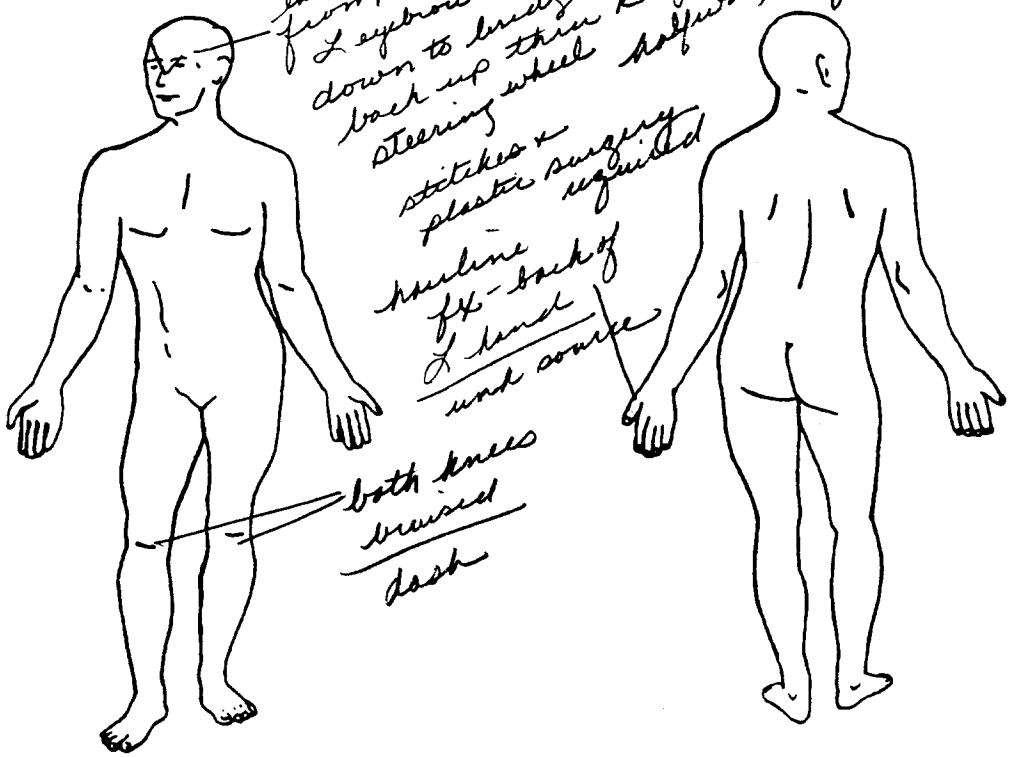
NCI

INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

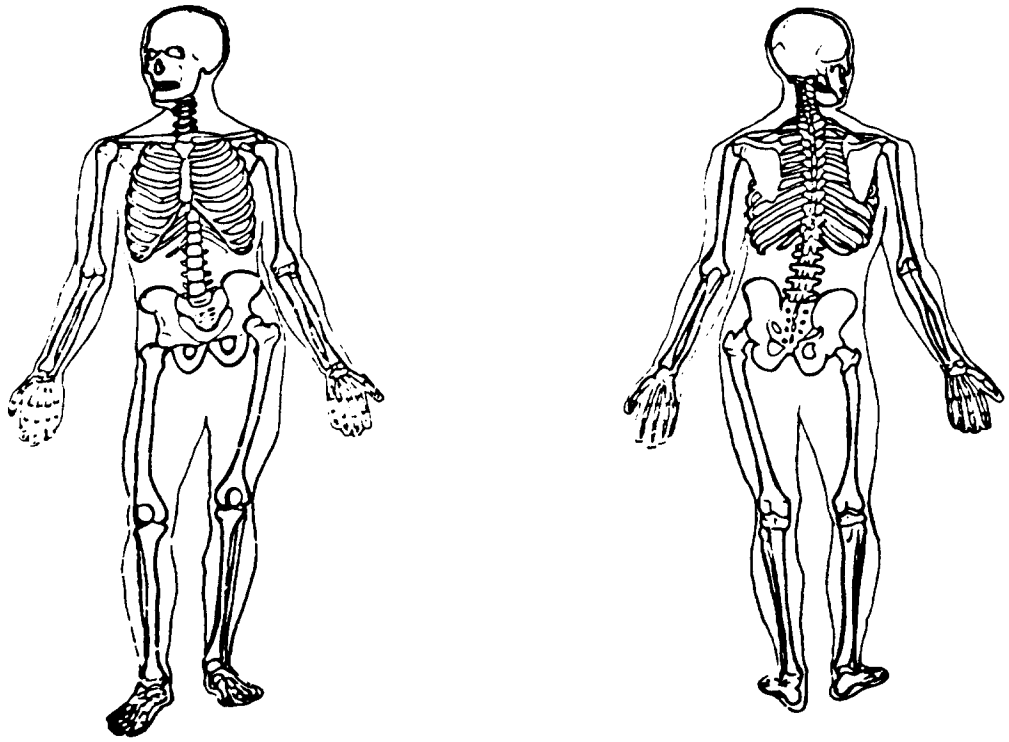
Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Specify Source: driver

Soft Tissue Injuries



Skeletal Injuries



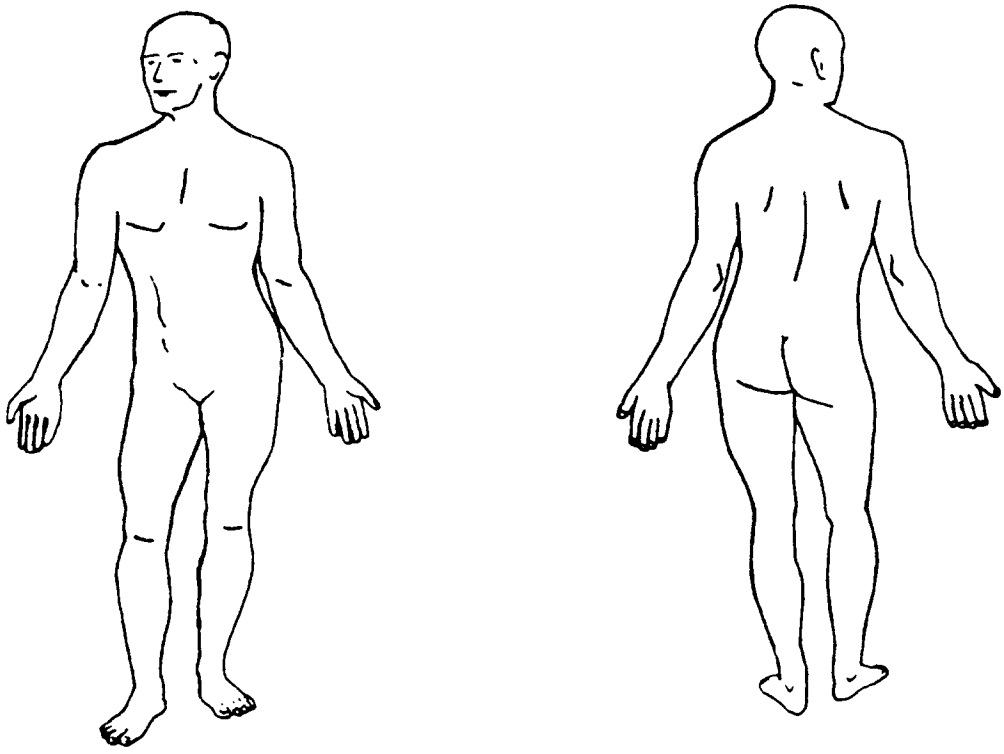
Collection Section

NCI

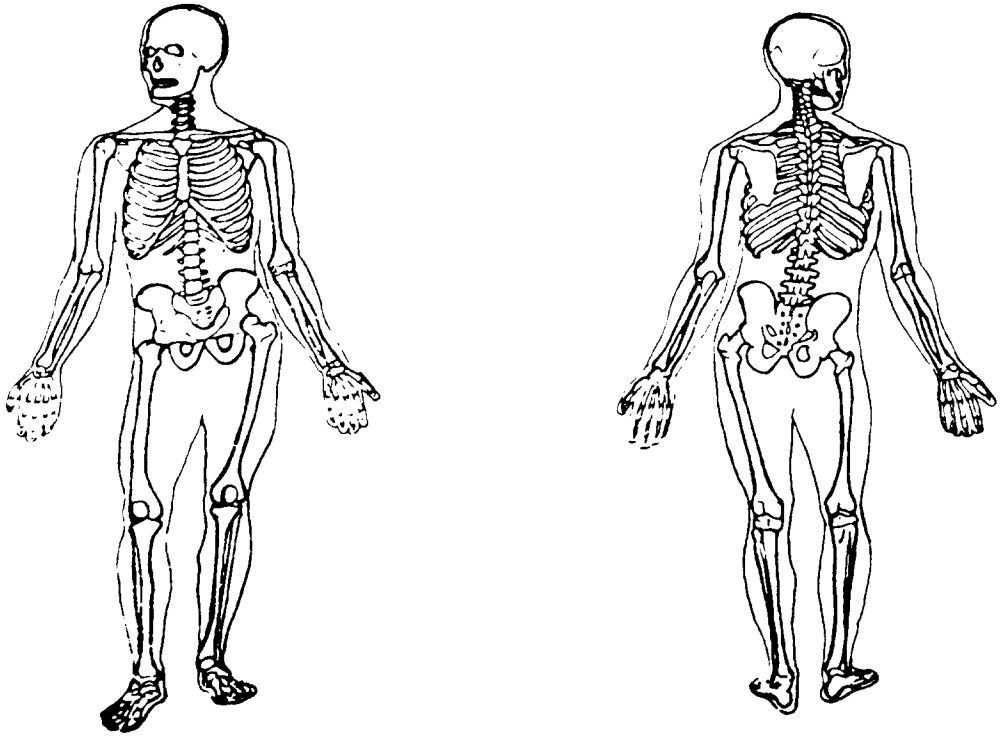
OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury data on reverse of this page

PSU/Case Number ___ ___ ___ ___ ___ ___

Vehicle No.: _____
Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

PSU/Case Number 871598

Vehicle No.: 02
Occupant No.: 01

National Accident Sampling System—Continuous Sampling Subsystem: Occupant Data

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ___ Unknown, ✓ No, ___ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	6	K	R	C	I	1	10	1	__
2	6	K	L	C	I	1	09	1	__
3	5	W	L	F	S	2	97	7	__
4	6	F	S	L	I	2	04	1	__
5	__	__	__	__	__	__	__	__	__
6	__	__	__	__	__	__	__	__	__
7	__	__	__	__	__	__	__	__	__
8	__	__	__	__	__	__	__	__	__
9	__	__	__	__	__	__	__	__	__
10	__	__	__	__	__	__	__	__	__

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
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(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

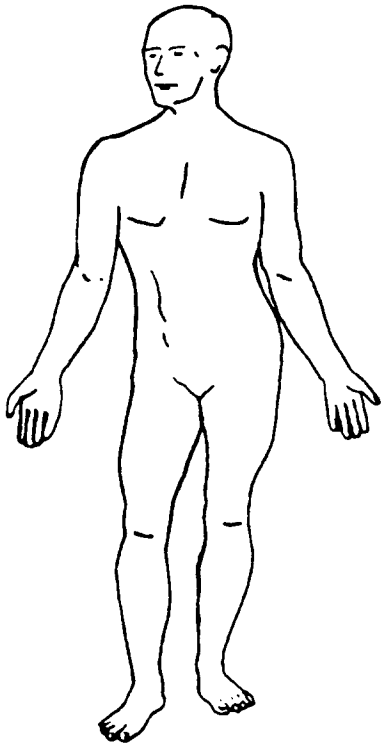
NCI

INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Specify Source: driver

Soft Tissue Injuries



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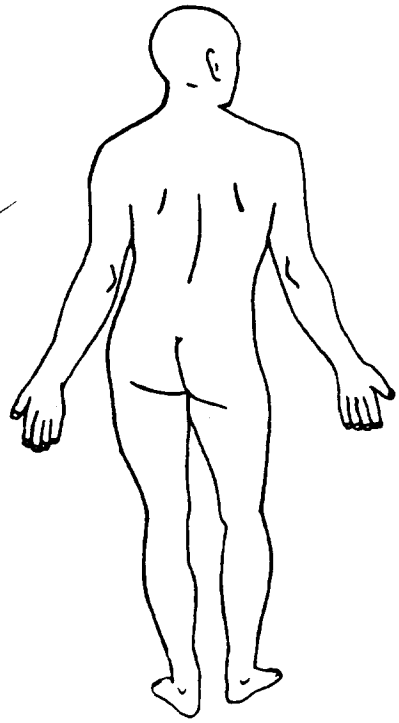
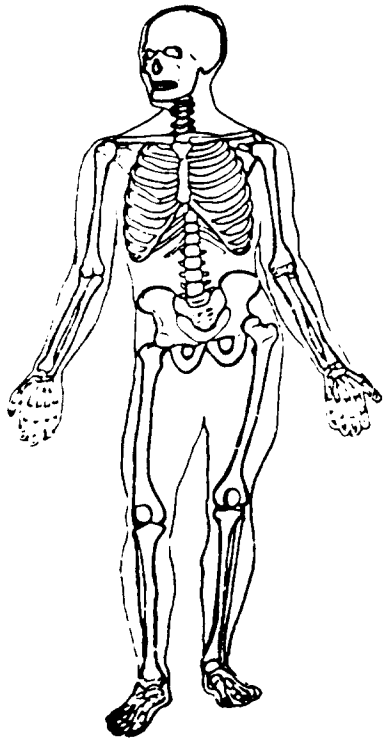
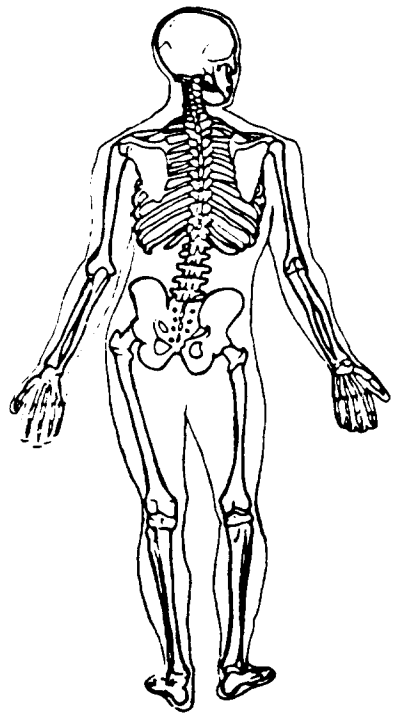


Skeletal Injuries



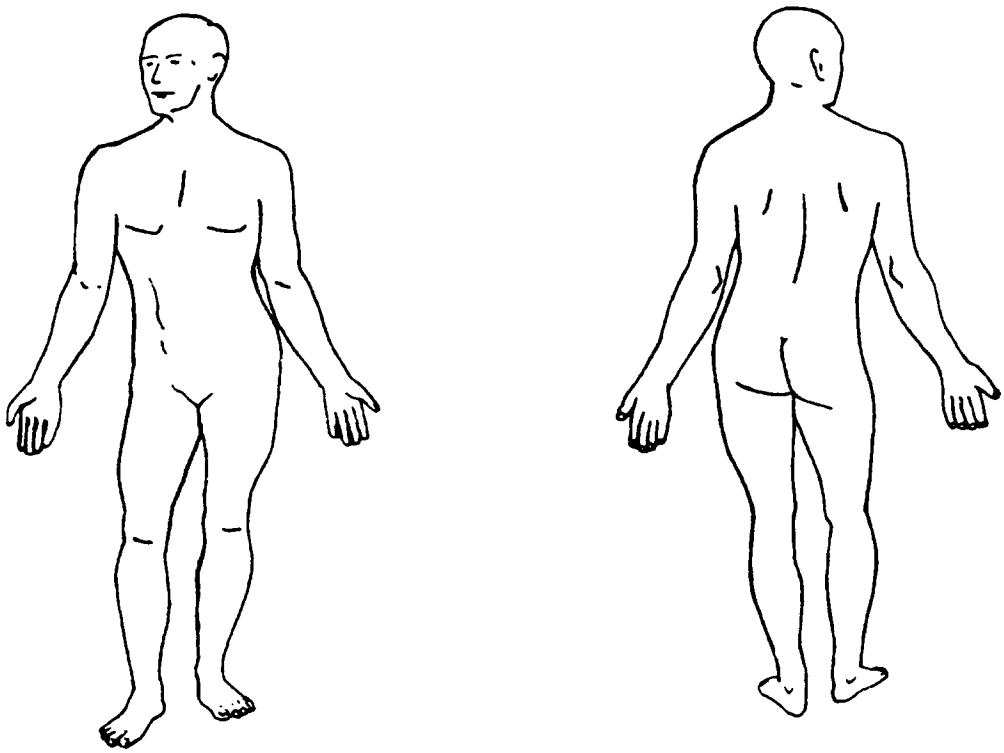


NCI

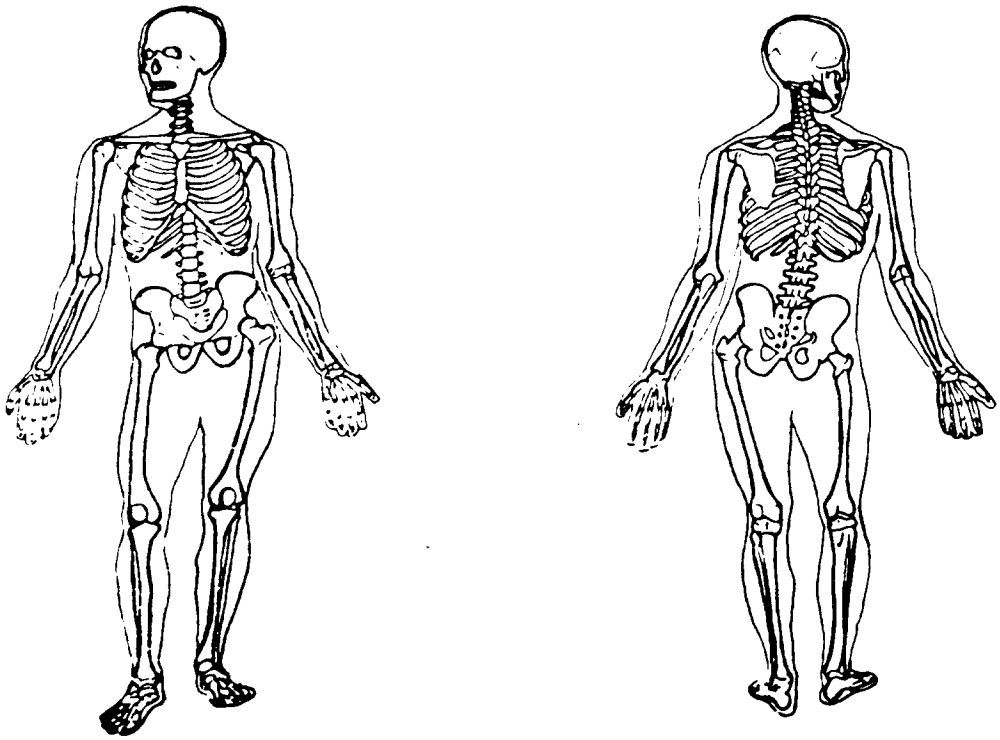
OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury data on reverse of this page

PSU/Case Number __ __ __ __ __ __

Vehicle No.:_____
Occupant No.:_____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

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	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	0								
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source of Data

Official
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I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
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(5) Extremities or pelvic girdle
(6) General (external)
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(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
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System/Organ

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(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
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Abbreviated Injury Scale

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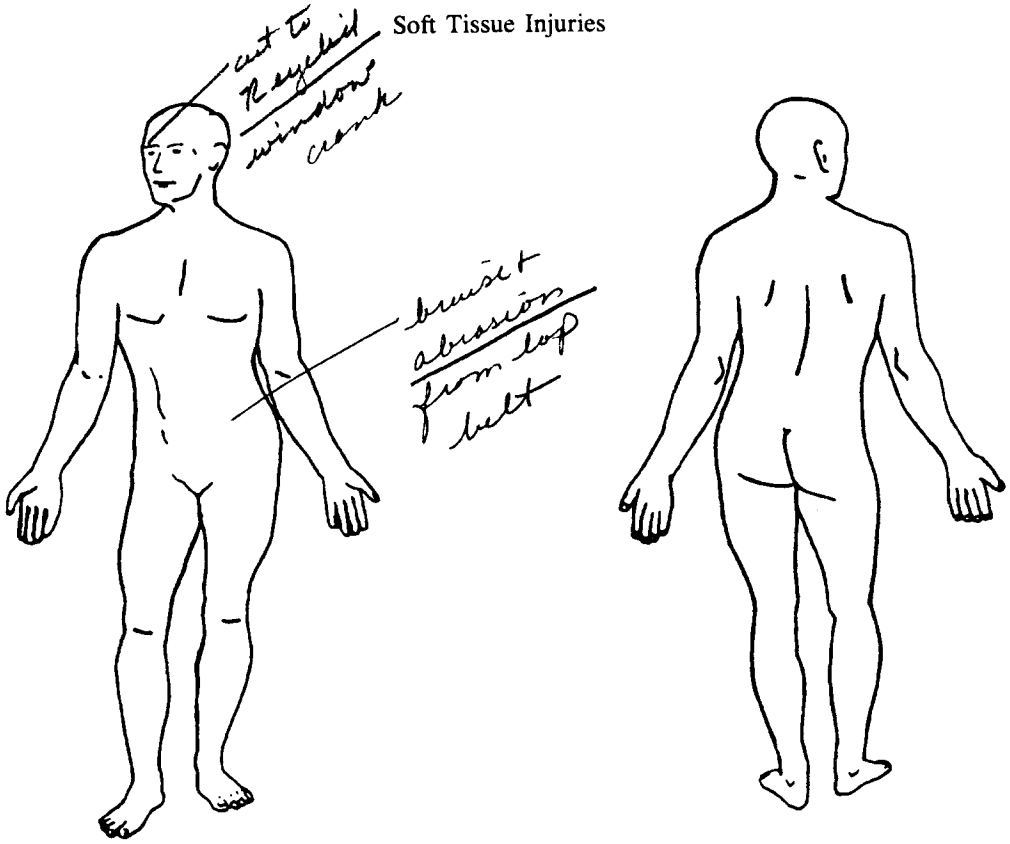
NCI

INJURY DATA FROM INTERVIEWEE OR UNOFFICIAL SOURCE

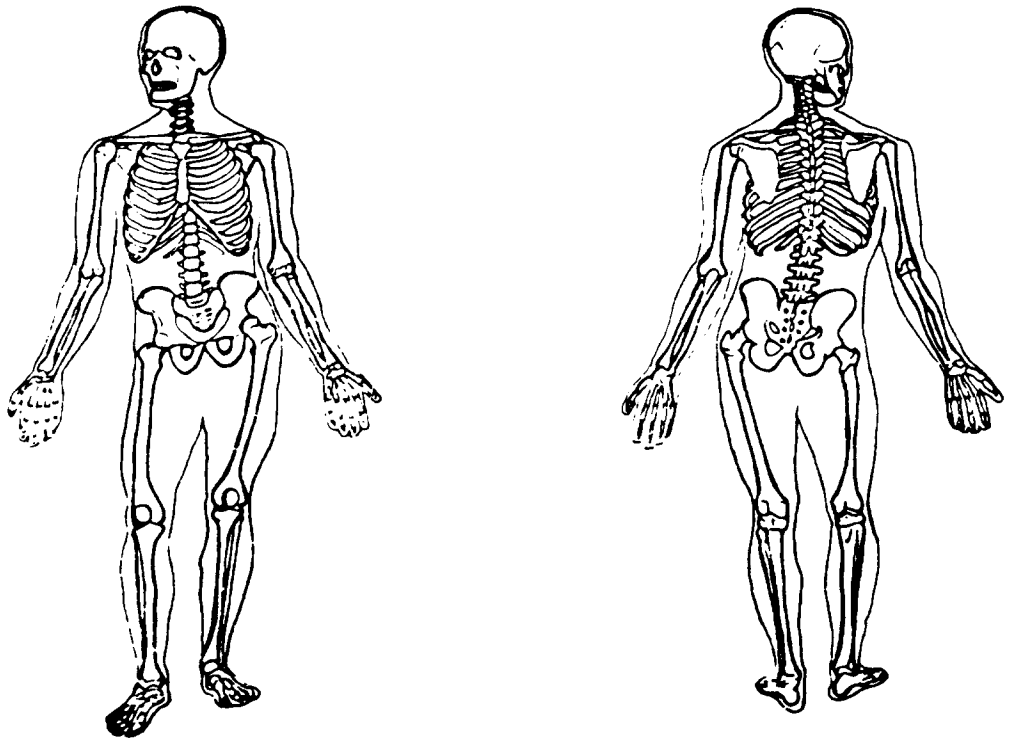
Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Specify Source: driver

Soft Tissue Injuries



Skeletal Injuries



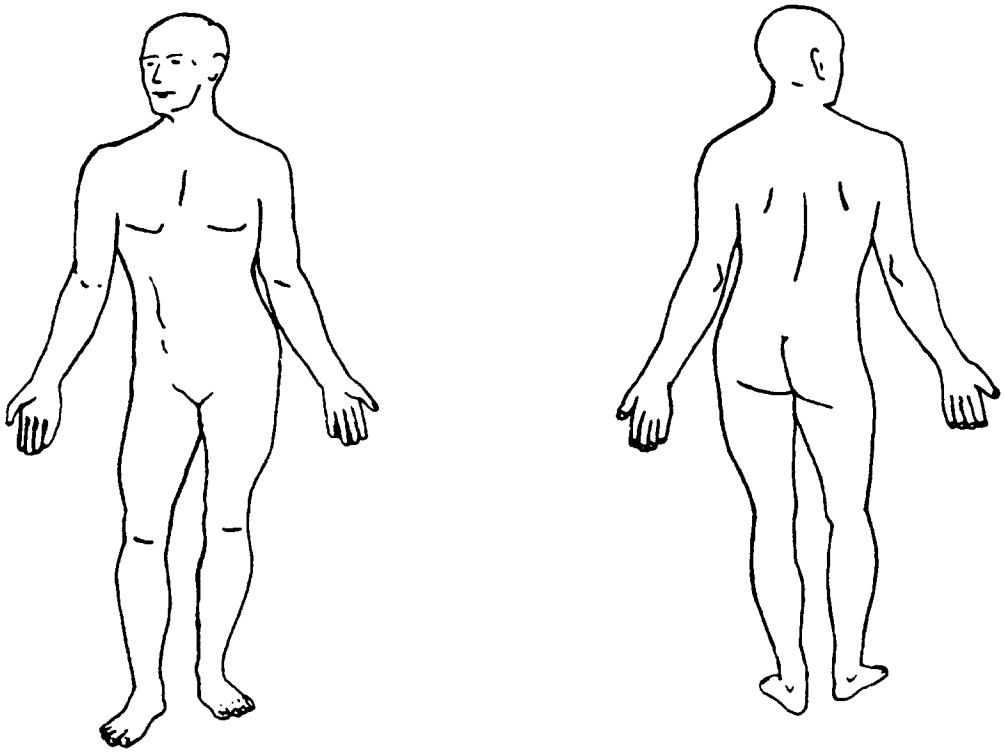
Collection Section

NCI

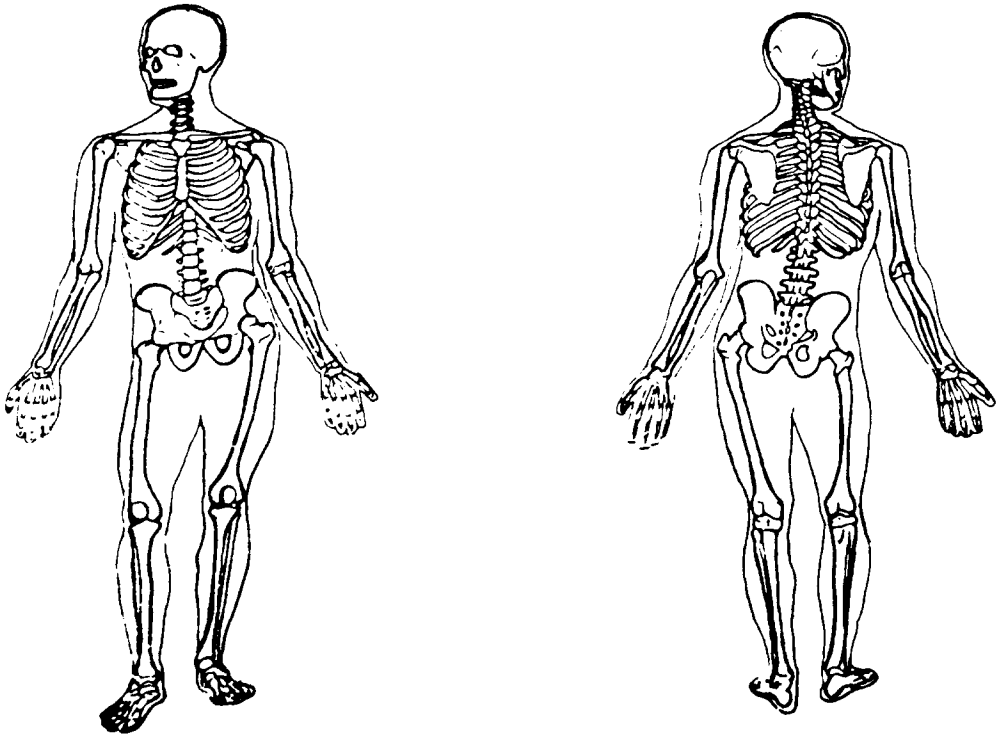
OFFICIAL INJURY DATA

Indicate the *Nature*, *Location*, and injury *Source* of all injuries.

Soft Tissue Injuries



Skeletal Injuries



Write additional medical record injury data on reverse of this page

PSU/Case Number __ __ __ __ __ __

Vehicle No.: _____
Occupant No.: _____

NCI

ADDITIONAL MEDICAL RECORD INJURY DATA USED IN CODING OIC/AIS

NCI

OCCUPANT INJURY CLASSIFICATION

Consider all injuries which are reported from both unofficial and official sources. The information from official sources takes precedence over similar injuries reported by any other source. In other words, do not list the same injury twice; supersede the interview data with official data in the case of similar injuries. List all injuries by official medical sources first. Police reported injuries may be used, but only when no other source of injury information is available.

Were more than ten (10) injuries sustained? ____ Unknown, ____ No, ____ Yes — If more than ten dissimilar injuries were identified during the interview, from collection of official data, and from other unofficial sources (excluding police), list those from the official records first, exhausting that level of data before listing those from the interviewee or other sources.

	I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury	Source of Data
1	2	E	R	L	O	1	14	1	07
2	4	M	I	C	I	1	22	1	07
3	4	M	I	A	I	1	22	1	07
4	—	—	—	—	—	—	— —	—	— —
5	—	—	—	—	—	—	— —	—	— —
6	—	—	—	—	—	—	— —	—	— —
7	—	—	—	—	—	—	— —	—	— —
8	—	—	—	—	—	—	— —	—	— —
9	—	—	—	—	—	—	— —	—	— —
10	—	—	—	—	—	—	— —	—	— —

Source of Data

Official
(01) Autopsy records with or without hospital/medical records
(02) Hospital medical records other than emergency room (e.g., discharge summary)
(03) Emergency room records only (including associated x-rays or other lab reports)
(04) Private physician, walk-in or emergency clinic

Unofficial
(05) Lay coroner report
(06) E.M.S. personnel
(07) Interviewee
(08) Other source: _____
(09) Police
(99) Unknown if injured
(00) Not injured

I.S.S. Body Region

(1) Head or neck
(2) Face
(3) Chest
(4) Abdominal or pelvic contents
(5) Extremities or pelvic girdle
(6) General (external)
(0) Not injured
(9) Unknown

O.I.C. Body Region

(M) Abdomen
(Q) Ankle - foot
(A) Arm (upper)
(B) Back - thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head - skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limb(s) (whole or unknown part)
(N) Neck - cervical spine
(P) Pelvic - hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist - hand
(0) Not injured
(9) Unknown if injured

Aspect of Injury

(A) Anterior - front
(C) Central
(I) Inferior - lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior - back
(R) Right
(S) Superior - upper
(W) Whole region
(0) Not injured
(9) Unknown if injured

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severence, transection
(0) Not injured
(9) Unknown if injured

System/Organ

(W) All systems in region
(A) Arteries - veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary - lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(G) Urogenital
(V) Vertebrae
(0) Not injured
(9) Unknown if injured

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity
(0) Not injured
(9) Unknown if injured

US Department of Transportation
National Highway Traffic Safety Administration

CRASH Program Summary

NATIONAL ACCIDENT SAMPLING SYSTEM
CONTINUOUS SAMPLING SUBSYSTEM

NCI

This form presents the CRASH Program summary information for traffic units numbered:

	NASS Vehicle No.	Make	Model
First Vehicle	1	Buick	Electra
Second Vehicle	2	Plym.	Volaré

Primary Sampling Unit Number: 87
Case Number – Stratification: 1579 B
Common Impact Number: 01

2. VEHICLE CLASS WEIGHT?

	Class Weight:	Occupant	Cargo	Curb	
Veh # 1		0	0	3945	3945
Veh # 2		219	75	2524	2818

3. Veh # 1 CDC: 06BDEW5
PDOF: 180

4. Veh # 2 CDC: 12FDEW2
PDOF: 360

5. VEHICLE STIFFNESS?
Veh # 1: 5
Veh # 2: 9

6. KNOWLEDGE of REST and IMPACT POSITIONS?
/ No – skip to 38. – Damage Dimensions
___ Yes:

7. REST
Veh # 1 X ___.__
Y ___.__
ψ ___.__
Veh # 2 X ___.__
Y ___.__
ψ ___.__

8. IMPACT
Veh # 1 X ___.__
Y ___.__
ψ ___.__
Veh # 2 X ___.__
Y ___.__
ψ ___.__

9. Slip angles PRIOR to impact?
___ No – skip to 11.
___ Yes

10. Slip angles
Veh # 1 ±___
Veh # 2 ±___

11. SUSTAINED CONTACT?
___ No
___ Yes

12. SKIDDING of Vehicle One?
___ No – skip to 15.
___ Yes:

13. Did SKIDDING stop prior to final rest?
___ No – skip to 15.
___ Yes:

14. Location
X ___.__
Y ___.__
ψ ___.__

15. Was Vehicle One's PATH CURVED?
___ No – skip to 17.
___ Yes:

16. Point on Path
X ___.__
Y ___.__

17. ROTATION DIRECTION of Vehicle One?
___ None – skip to 19.
___ Clockwise:
___ Counterclockwise:

18. More than 360 degrees?
___ No
___ Yes

19. SKIDDING OF Vehicle Two?
___ No – skip to 22.
___ Yes:

20. Did SKIDDING stop prior to final rest?
___ No – skip to 22.
___ Yes:

21. Location
X ___.__
Y ___.__
ψ ___.__

22. Was Vehicle Two's PATH CURVED?
___ No – skip to 24.
___ Yes:

23. Point on Path
X ___.__
Y ___.__

24. ROTATION DIRECTION of Vehicle Two?
___ None – skip to 26.
___ Clockwise:
___ Counterclockwise:

25. More than 360 degrees
___ No
___ Yes

26. Tire-Ground FRICTION? ___.__

National Accident Sampling System – Continuous Sampling Subsystem: CRASH Program Summary

27. ROLLING RESISTANCE? [Option (1) or (2)]

(1) Proportion of Braking Each Wheel

28. ROLLING RESISTANCES for Individual Wheels — Veh # 1
RF __.__
LF __.__
RR __.__
LR __.__

29. ROLLING RESISTANCES for Individual Wheels — Veh # 2
RF __.__
LF __.__
RR __.__
LR __.__

OR

(2) Longitudinal Deceleration

30. Veh # 1 __.__
31. Veh # 2 __.__

32. TRAJECTORY SIMULATION?

____ No – skip to 38.
____ Yes: Steer angles?

33. STEER ANGLES — Veh # 1
RF __ __
LF __ __
RR __ __
LR __ __

34. STEER ANGLES — Veh # 2
RF __ __
LF __ __
RR __ __
LR __ __

35. TERRAIN BOUNDARY?

____ No – skip to 38.
____ Yes: Boundary Points?

36. BOUNDARY POINTS
XBP1 ___.__
YBP1 ___.__
XBP2 ___.__
YBP2 ___.__

37. SECONDARY FRICTION COEFFICIENT? __.__

38. Are DAMAGE DIMENSIONS Known?

/ No – PROGRAM COMPLETED!
____ Yes: Dimensions in Inches

39. Side damage
42. End damage — Veh # 1 L 72.

40. Side damage
43. End damage
C_1 45.1
C_2 40.85
C_3 39.35
C_4 36.35
C_5 33.85
C_6 15.3

41. Side damage
44. End damage
D± 0.

45. Side damage
48. End damage — Veh # 2 L 63.

46. Side damage
49. End damage
C_1 1.
C_2 8.
C_3 13.25
C_4 14.25
C_5 15.
C_6 17.5

47. Side damage
50. End damage
D± 0.

If this Common Impact was with a Motor Vehicle *Not in Transport*, fill in the information below.

Model Year: _____ Make: _____
Curb Weight: _____ lbs Model: _____
Cargo Weight: _____ lbs
Total Occupant Weight: _____ lbs VIN: _____

The CDC, crush profile (C_1 through C_6), and trajectory measurements for this vehicle should be recorded above.

Complete and ATTACH the appropriate schematic and damage dimensions (Vehicle Form – page 6 and 6A-6P) to this Form.

Delete sequential production number portion of VIN after case review

CRASH

```
   !!!!!!!!
LOGMSG - 23:23:30 EST [redacted] [redacted]/86
** PLEASE TYPE NEWS MEMO 399 - [redacted] NETWORK CHANGES AND OUTAGES        **
LOGON AT 17:45:57 EST [redacted] [redacted]/86 LINE 0D8 (3-1-0F5)
CMS/SP REL 4 [redacted]/86 V002
D (292) R/O
MAIL WAITING.
DASD 292 DETACHED
R;


SESSION
TIME IS 17:46:02 EST [redacted] [redacted]/86
CONNECT= 00:00:05 APPROX CSU=2.55
R;

[redacted]-86   THE HOTLINE NUMBER IS [redacted]

>

PLEASE TRY AGAIN...
EXECUTABLE COMMANDS:
     MESSAGE SAMPLE84 NASS84 NASSMOD BARRIER4 CRASH POLES OLDMIS LOGOFF
```

```
>CRASH
TERM OUTPUT OFF
TERM OUTPUT OFF



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>A


WILL THE INPUT FOR THIS RUN BE IN METRIC FORM?
(ANSWER YES OR NO)
>N


 1. TITLE?
>87 159B 01


 2. CLASS/WEIGHTS?
>5 3945 2 2818


 3. CDC/PDOF # 1?
>06BDEW5 180


 4. CDC/PDOF # 2?
>12FDEW2 360

**** SYNTAX ERROR ****
CHECK # OF ENTRIES,  ILLEGAL CHARACTERS, ETC.



 4. CDC/PDOF # 2?
>12FDEW2 360

**** SYNTAX ERROR ****
CHECK # OF ENTRIES,  ILLEGAL CHARACTERS, ETC.



 4. CDC/PDOF # 2?
>12FDEW2 0


 5. VEHICLE 1 AND VEHICLE 2 STIFFNESS CATEGORIES?
>5 9


 6. REST & IMPACT? (Y OR N)
>N


38. DAMAGE DIMENSIONS? (Y OR N)
>Y


42. END DAMAGE WIDTH #1
>72
```

```
43. END DAMAGE DEPTH #1
>45.1 40.85 39.35 36.35 33.85 15.3


44. END DAMAGE MIDPOINT OFFSET #1
>0


48. END DAMAGE WIDTH #2
>63


49. END DAMAGE DEPTH #2
>1 8 13.25 14.25 15 17.5


50. END DAMAGE MIDPOINT OFFSET # 2
>0


                    CRASH INPUT COMPLETED
                    THANK YOU VERY MUCH


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N


          S U M M A R Y   O F   C R A S H 3   R E S U L T S



87 159B 01


    SPEED CHANGE (DAMAGE)
          TOTAL          LONG.          LAT.          ANG.
VEH#1    35.5 MPH       35.5 MPH      -0.0 MPH     180.0 DEG.
VEH#2    49.7 MPH      -49.7 MPH       0.0 MPH       0.0 DEG.

ENERGY DISSIPATED BY DAMAGE  VEH#1 352208.3 FT-LB  VEH#2  49107.5 FT-LB



ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>P


DO YOU WANT THE PRINTOUT TO BE IN METRIC UNITS?
(ANSWER YES OR NO)
>N
```

S U M M A R Y O F C R A S H 3 R E S U L T S

87 159B 01

VEHICLE # 1

IMPACT SPEED MPH		SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
35.5	35.5		-0.0		DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED MPH		SPEED CHANGE MPH			BASIS OF RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
					SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
					SPINOUT TRAJECTORIES AND DAMAGE
49.7	-49.7		0.0		DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1			VEHICLE # 2		
TYPE	CATEGORY 5		TYPE	CATEGORY 2	
WEIGHT	3945.0	LBS.	WEIGHT	2818.0	LBS.
CDC	06BDEW5		CDC	12FDEW2	
L	72.0	IN.	L	63.0	IN.
C1	45.1	IN.	C1	1.0	IN.
C2	40.8	IN.	C2	8.0	IN.
C3	39.3	IN.	C3	13.2	IN.
C4	36.3	IN.	C4	14.2	IN.
C5	33.8	IN.	C5	15.0	IN.
C6	15.3	IN.	C6	17.5	IN.
D	0.0		D	0.0	
RHO	1.00	*	RHO	1.00	*
ANG	180.0	DEG.	ANG	0.0	DEG.
D'	-3.5	IN.	D'	6.1	IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	= 58.1	INCHES	A2	= 46.3	INCHES
B1	= 63.0	INCHES	B2	= 50.1	INCHES
TR1	= 63.7	INCHES	TR2	= 54.6	INCHES
I1	= 41246.9	LB-SEC**2-IN	I2	= 21521.5	LB-SEC**2-IN
M1	= 10.210	LB-SEC**2/IN	M2	= 7.293	LB-SEC**2/IN
XF1	= 101.8	INCHES	XF2	= 83.3	INCHES
XR1	= -121.9	INCHES	XR2	= -91.6	INCHES
YS1	= 39.9	INCHES	YS2	= 33.6	INCHES

ENTER TYPE OF CRASH RUN?
(COMPLETE,ABBREVIATED,RERUN,PRINT,SMAC,OR END)
>E

CRASH PROGRAM COMPLETED.

1. PSU: 87 | 2. Case #: 159B | 3. Record #: 1 - ACCIDENT DATA
4. Trans Code: 1 | 5. Version: 09.0 | Accident Date : [redacted]/82

IDENTIFICATION

6. Investigator I.D. Number ... 2	7. Type of Case 1
9. Blank	10. Number of Vehicle Forms ... 02
11. Number of Pedestrian Forms 00	12. First Harmful Event 13
13. Manner of Collision 1	14. Relation to Roadway 1

AMBIENT CONDITIONS

15. Time 11:10	16. Light Conditions 1
17. Atmospheric Conditions 1	18. Relation to Junction 01
19. Interchange Geometry 0	20. Occurence in School Zone ... 0
21. School Bus Related 0	22. Right/Left Turn on Red 0

ENVIRONMENTAL DATA

23. Environmental Data 02

SPECIAL STUDIES - INDICATORS

24. SS8-Longitudinal Barrier ... 0	25. SS9-Crash Cushion 0
26. SS12 0	27. SS13 0
28. SS14 0	29. SS15 0

1. PSU: 87 2. Case #: 159B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

---------- IDENTIFICATION ----------

6. Investigator I.D. Number ... 2 7. Vehicle Number 01
8. Number of Occupant Forms .. 00 9. Vehicle Role 3
10. Manner of Leaving Scene ... 2 11. Hit and Run Involvement 0

---------- EXTERIOR ITEMS ----------

12. Vehicle Model Year ..... 77 13. Vehicle Make 18
14. Vehicle Model ..... 03 15. Registration of Vehicle 1
16. V.I.N. ..... 4X6[redacted] 17. Body Type 04
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 06

---------- Tire Condition: Axle, Tire, Condition ----------

20. First Tire 1 1 4
21. Second Tire 2 1 4
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

---------- Type of Outside Mirror ----------

24. Left ..... 1 25. Right 1
26. Override/Underride ..... 1 27. Rear Turn Signal Color 1

---------- MEDIUM/HEAVY TRUCK AND BUS DATA ----------

28. Cab Configuration 0

---------- Number of Axles ----------

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

---------- Length of Trailing Units ----------

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

---------- DEFORMATION CLASSIFICATION ----------

---------- Highest Delta "V" ----------

40. Event Number (this Vehicle) 1 41. Object Contacted 02
42. Direction of Force ..... 06 43. Deformation Location ..... B
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location . E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 05
48. Event Number (in Accident) . 1

---------- Second Highest Delta "V" ----------

49. Event Number (this Vehicle) 2 50. Object Contacted 62
51. Direction of Force ..... 99 52. Deformation Location 9
53. Specific Long/Lat Location . 9 54. Specific Vert/Lat Location . 9
55. Type of Damage Distribution 9 56. Deformation Extent Guide .. 99
57. Event Number (in Accident) . 2

---------- CRUSH PROFILE ----------

---------- Highest Delta "V" ----------

58. L 0672
59. C1 .. 045 C2 .. 041 C3 .. 039 C4 .. 036 C5 .. 034 C6 .. 015
60. +/- D ..... + 000

---------- Second Highest Delta "V" ----------

61. L 0033
62. C1 .. 000 C2 .. 000 C3 .. 000 C4 .. 001 C5 .. 003 C6 .. 007
63. +/- D ..... + 016

---

64. More Than Two CDC/TDC's .... 2 65. Special Use (this Trip) 0
66. Odometer Reading ..... 123 67. Passenger Comp. Integrity .. 1

---------- FRONT OCCUPANT AREA INTRUSION ----------

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

---

76. Steering Column Separation . 1 77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

---------- Type of Most Severe Impact This Vehicle ----------

79. This Vehicle's Role ..... 4 80. Role of Other Vehicle 1
81. Rollover ..... 0 82. Jackknife 0
83. Hazardous Cargo 0

---------- VEHICLE WEIGHT ITEMS ----------

84. Vehicle Curb Weight ..... 039 85. Vehicle Cargo Weight 999
86. Source of Cargo Weight 9

---------- RECONSTRUCTION RESULTS ----------

87. Basis for Total Delta "V" .. 1 88. Total Delta "V" 36
89. +/- Longitudinal Component of Delta "V" ..... + 36
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 3522

---------- POLICE REPORT ----------

92. Reported Speed 00

PSU: 87 Case#: 159B Error Messages - DRIVER FORM OF VEHICLE 01

ERROR MESSAGE	LEVEL	REF#
If BODY TYPE (V17) equals 01-29, 40, 42, 50-69, 80-83 or 88, then TYPE OF CARRIER (D16) should equal 0 or 9.	2	DV05

1. PSU: 87 2. Case #: 159B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2
7. Vehicle Number 01
8. Number of Occupants 00
9. Driver Presence 2

DRIVER INTERVIEW

10. Months Exper. This Class ..
11. Estimated Mileage .....
12. Total Mileage All Vehicles
13. Driver Education .....
14. Time Since Last Training ...
15. Frequency Driving Road .....

TRUCK/BUS OPERATIONS

*16. Type of Operation or Carrier
17. Federal Safety Regulated ...
18. Driver's Classification ....

ACCIDENT PRE-CRASH INFORMATION

19. Accident Type .....
20. Attempted Maneuver .....

INVESTIGATOR DETERMINED

21. Driver Related Factors ....

OFFICIAL RECORDS

22. 1st Violation This Driver .
23. 2nd Violation This Driver .
24. Reported Alcohol Presence ..
25. Alcohol Test Result .....
26. Driver License Status .....
27. Driver License Type .....
28. Driver License Restrictions
29. Prev. Speeding Convictions .
30. Prev. Moving Violations ....
31. Prev. Driving/Intoxicated ..
32. Prev. Recorded Suspensions .
33. Prev. Recorded Accidents ...

ADMINISTRATIVE ITEMS

34. Federal Aid System 3
35. Class Trafficway..... 4
36. Roadway Function Class 13

ENVIRONMENTAL DATA

37. Number of Travel Lanes 2
38. Lane Width 13.7
39. Median Type 4
40. Median Width 99
41. Access Control 1
42. Trafficway Flow 1
43. Left Shoulder Type 0
44. Right Shoulder Type 0
45. Roadway Alignment 2
46. Cross Slope 3
47. +/- Superelevation 99
48. Degree of Curvature 99.9
49. +/- Grade Measurement ... 99
50. Roadway Profile 1
51. Roadway Surface Type 2
52. Roadway Surface Condition .. 1
53. Speed Limit 45
54. Restriction of Roadway 0
55. Traffic Control Device ... 00
56. Traffic Device Functioning . 0
57. Designated Truck System 0

INVESTIGATOR DETERMINED

58. Environment Related Factors 00

1. PSU: 87 2. Case #: 159B 3. Record #: 3 - VEHICLE DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2 7. Vehicle Number 02
8. Number of Occupant Forms .. 03 9. Vehicle Role ..... H
10. Manner of Leaving Scene .... 2 11. Hit and Run Involvement 0

EXTERIOR ITEMS

12. Vehicle Model Year ..... 82 13. Vehicle Make 09
14. Vehicle Model ..... 11 15. Registration of Vehicle 1
16. V.I.N. ..... 1P3BP49D9CF[redacted] 17. Body Type 08
18. Towed Trailing Unit ..... 0 19. Seating Cap./Truck Voc. ... 06

Tire Condition: Axle, Tire, Condition

20. First Tire 1 4 4
21. Second Tire 2 1 3
22. Third Tire 0 0 0
23. Fourth Tire 0 0 0

Type of Outside Mirror

24. Left ..... 1 25. Right 2
26. Override/Underride ..... 4 27. Rear Turn Signal Color 1

MEDIUM/HEAVY TRUCK AND BUS DATA

28. Cab Configuration 0

Number of Axles

29. Power Unit ..... 0 30. First Trailer 0
31. Second Trailer ..... 0 32. Third Trailer 0

Length of Trailing Units

33. First Trailer ..... 0 34. Second Trailer 0
35. Third Trailer ..... 0 36. Maximum Overall Width 000
37. Maximum Overall Length ... 000 38. Type of Brake Actuation 0
39. Gross Vehicle Weight Rating 0

DEFORMATION CLASSIFICATION

Highest Delta "V"

40. Event Number (this Vehicle) 1 41. Object Contacted 01
42. Direction of Force ..... 12 43. Deformation Location ..... F
44. Specific Long/Lat Location . D 45. Specific Vert/Lat Location E
46. Type of Damage Distribution W 47. Deformation Extent Guide .. 02
48. Event Number (in Accident) . 1

Second Highest Delta "V"

49. Event Number (this Vehicle) 2 50. Object Contacted 01
51. Direction of Force ..... 12 52. Deformation Location ..... F
53. Specific Long/Lat Location . L 54. Specific Vert/Lat Location L
55. Type of Damage Distribution F 56. Deformation Extent Guide .. 01
57. Event Number (in Accident) . 3

CRUSH PROFILE

Highest Delta "V"

58. L 0063
59. C1 .. 001 C2 .. 008 C3 .. 013 C4 .. 014 C5 .. 014 C6 .. 018
60. +/- D ..... + 000

Second Highest Delta "V"

61. L .....
62. C1 .. C2 .. C3 .. C4 .. C5 .. C6 ..
63. +/- D .....

64. More Than Two CDC/TDC's .... 1 65. Special Use (this Trip) 0
66. Odometer Reading ..... 079 67. Passenger Comp. Integrity .. 1

FRONT OCCUPANT AREA INTRUSION

		Intruding Component	Magnitude of Intrusion
Driver Area:	Primary	68. 00	69. 0
	Other	70. 00	71. 0
Passenger Area:	Primary	72. 00	73. 0
	Other	74. 00	75. 0

76. Steering Column Separation . 2 77. Steering Rim Deformation ... 0
78. Fire Occurrence 0

Type of Most Severe Impact This Vehicle

79. This Vehicle's Role ..... 1 80. Role of Other Vehicle 3
81. Rollover ..... 0 82. Jackknife 0
83. Hazardous Cargo 0

VEHICLE WEIGHT ITEMS

84. Vehicle Curb Weight ..... 025 85. Vehicle Cargo Weight 000
86. Source of Cargo Weight 2

RECONSTRUCTION RESULTS

87. Basis for Total Delta "V" .. 1 88. Total Delta "V" 50
89. +/- Longitudinal Component of Delta "V" ..... - 50
90. +/- Lateral Component of Delta "V" ..... + 00
91. Energy Absorption 0491

POLICE REPORT

92. Reported Speed 99

1. PSU: 87 2. Case #: 159B 3. Record #: 4 - DRIVER DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2 7. Vehicle Number 02
8. Number of Occupants ..... 03 9. Driver Presence 1

DRIVER INTERVIEW

10. Months Exper. This Class ... 61 11. Estimated Mileage 150
12. Total Mileage All Vehicles 150 13. Driver Education 1
14. Time Since Last Training ... 3 15. Frequency Driving Road 2

TRUCK/BUS OPERATIONS

16. Type of Operation or Carrier 0 17. Federal Safety Regulated ... 0
18. Driver's Classification 0

ACCIDENT PRE-CRASH INFORMATION

19. Accident Type ..... 20 20. Attempted Maneuver 01

INVESTIGATOR DETERMINED

21. Driver Related Factors 07

OFFICIAL RECORDS

22. 1st Violation This Driver . 00 23. 2nd Violation This Driver . 00
24. Reported Alcohol Presence .. 0 25. Alcohol Test Result 96
26. Driver License Status ..... 5 27. Driver License Type 3
28. Driver License Restrictions 0 29. Prev. Speeding Convictions . 0
30. Prev. Moving Violations .... 0 31. Prev. Driving/Intoxicated .. 0
32. Prev. Recorded Suspensions . 0 33. Prev. Recorded Accidents ... 9

ADMINISTRATIVE ITEMS

34. Federal Aid System ..... 3 35. Class Trafficway..... 4
36. Roadway Function Class 13

ENVIRONMENTAL DATA

37. Number of Travel Lanes .... 3 38. Lane Width 13.7
39. Median Type ..... 4 40. Median Width 99
41. Access Control ..... 1 42. Trafficway Flow 1
43. Left Shoulder Type ..... 0 44. Right Shoulder Type 0
45. Roadway Alignment ..... 2 46. Cross Slope 3
47. +/- Superelevation ..... 99 48. Degree of Curvature 99.9
49. +/- Grade Measurement ... 99 50. Roadway Profile 4
51. Roadway Surface Type ..... 2 52. Roadway Surface Condition .. 1
53. Speed Limit ..... 45 54. Restriction of Roadway 5
55. Traffic Control Device .... 00 56. Traffic Device Functioning . 0
57. Designated Truck System 0

INVESTIGATOR DETERMINED

58. Environment Related Factors 00

1. PSU: 87 2. Case #: 159B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2 7. Vehicle Number 02
8. Occupant Number 01

OCCUPANT INTERVIEW

9. Occupant Age ..... 26 10. Occupant Sex 2
11. Occupant Height ..... 66 12. Occupant Weight 160
13. Occupant Role ..... 1 14. Occupant Seat Position ... 01

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 3 21. Hospital Stay 01
22. Working Days Lost 00

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 2
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. F	32. R	33. L	34. 1	35. 2	36. 04	37. 1	38. 07
2nd	39. H	40. L	41. F	42. S	43. 2	44. 87	45. 7	46. 07
3rd	47. K	48. L	49. E	50. Y	51. 1	52. 09	53. 1	54. 07
4th	55. K	56. R	57. C	58. 1	59. 1	60. 10	61. 1	62. 07
5th	63. 0	64. 0	65. 0	66. 0	67. 0	68. 00	69. 0	70. 00
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 3 80. Time to Death 00

1. PSU: 87 2. Case #: 159B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2 7. Vehicle Number 02
8. Occupant Number 02

OCCUPANT INTERVIEW

9. Occupant Age ..... 01 10. Occupant Sex 1
11. Occupant Height ..... 70 12. Occupant Weight 027
13. Occupant Role ..... 2 14. Occupant Seat Position 04

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 97

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 78 24. Type of Child Restraint 4
25. Child Seat Orientation ..... 2 26. Child Restraint Use 8
27. Manual Restraint Available . 5 28. Manual Restraint Use 5
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. 0	32. 0	33. 0	34. 0	35. 0	36. 00	37. 0	38. 00
2nd	39.	40.	41.	42.	43.	44.	45.	46.
3rd	47.	48.	49.	50.	51.	52.	53.	54.
4th	55.	56.	57.	58.	59.	60.	61.	62.
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 1 80. Time to Death 00

1. PSU: 87 2. Case #: 159B 3. Record #: 5 - OCCUPANT DATA
4. Trans Code: 1 5. Version: 09.0 Accident Date : [redacted]/86

IDENTIFICATION

6. Investigator I.D. Number ... 2 7. Vehicle Number 02
8. Occupant Number 03

OCCUPANT INTERVIEW

9. Occupant Age ..... 03 10. Occupant Sex 2
11. Occupant Height ..... 42 12. Occupant Weight 032
13. Occupant Role ..... 2 14. Occupant Seat Position 06

INVESTIGATOR DETERMINED

15. Entrapment ..... 0 16. Ejection 0
17. Ejection Area ..... 0 18. Ejection Medium 0
19. Medium Status 0

INTERVIEW AND OFFICIAL SOURCES

20. Treatment - Mortality ..... 4 21. Hospital Stay 00
22. Working Days Lost 77

INVESTIGATOR DETERMINED

23. Child Restraint Make/Model 00 24. Type of Child Restraint 0
25. Child Seat Orientation ..... 0 26. Child Restraint Use 0
27. Manual Restraint Available . 2 28. Manual Restraint Use 2
29. Auto. Restraint Available .. 0 30. Auto. Restraint Function ... 0

INJURY CLASSIFICATION

	OIC Body Region	Aspect	Lesion	System/ Organ	AIS Severity	Injury Source	Dir/Indir Injury	Source of Data
1st	31. [illegible]	32. R	33. [illegible]	34. 0	35. 1	36. 14	37. 1	38. 07
2nd	39. [illegible]	40. L	41. C	42. I	43. 1	44. 22	45. 1	46. 07
3rd	47. M	48. I	49. A	50. I	51. 1	52. 22	53. 1	54. 07
4th	55. 0	56. 0	57. 0	58. 0	59. 0	60. 00	61. 0	62. 00
5th	63.	64.	65.	66.	67.	68.	69.	70.
6th	71.	72.	73.	74.	75.	76.	77.	78.

OFFICIAL RECORDS

79. Injury Severity ..... 1 80. Time to Death 00

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P.S.U. # 87

CASE # 159

SLIDE INDEX

NO.	ITEM	DIRECTION
1-7	Approach path V2	N
8	Looking back	S
9-35	Exterior V1	
36-45	Interior	
46-61	Exterior V2	
62-73	Interior	

PSU 87-159B (1986) #1

PSU 87-159B (1986) #2

PSU 87-159B (1986) #3

PSU 87-159B (1986) #4

PSU 87-159B (1986) #5

PSU 87-159B (1986) #6

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PSU 87-159B (1986) #8

PSU 87-159B (1986) #9

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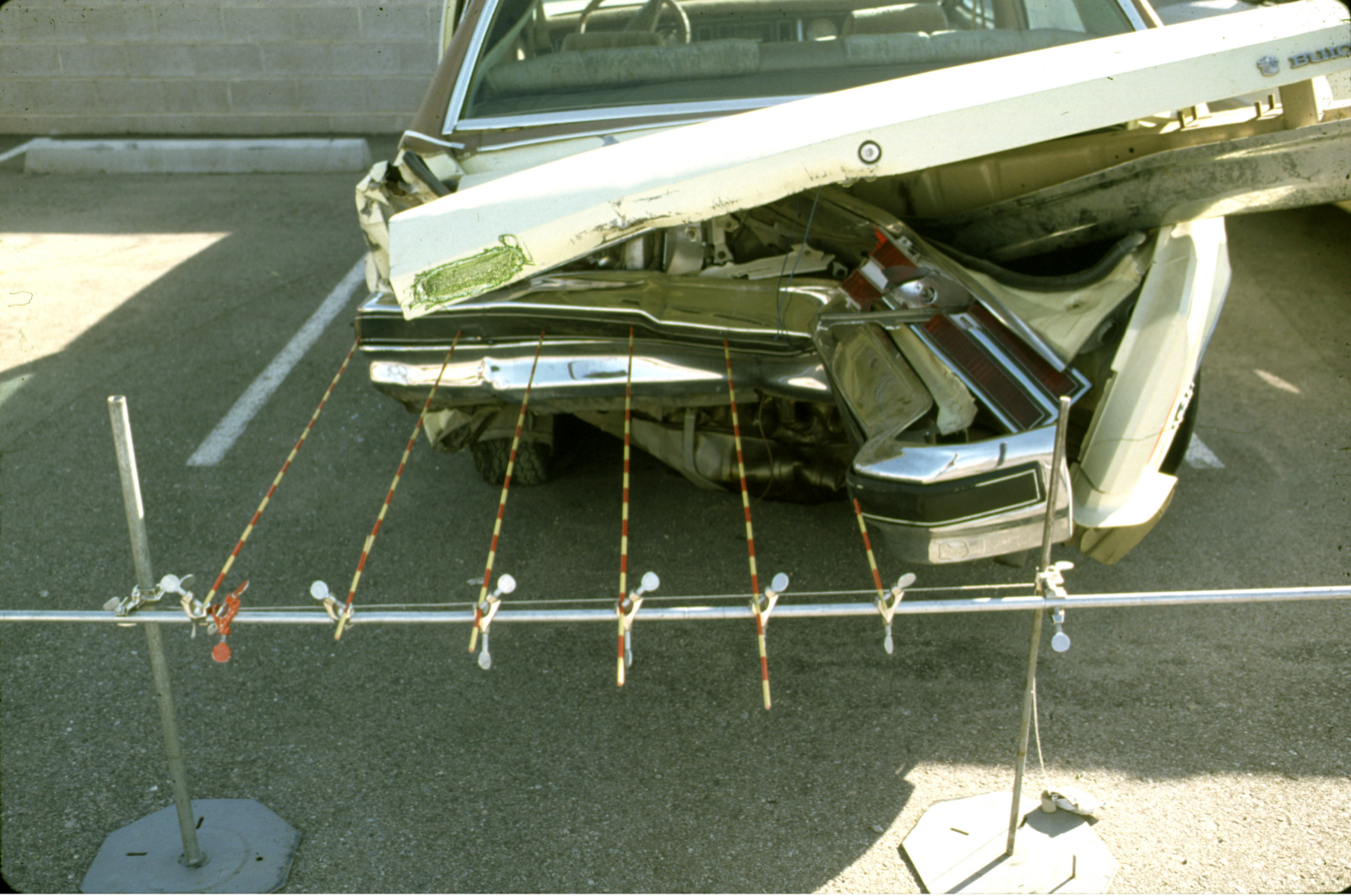

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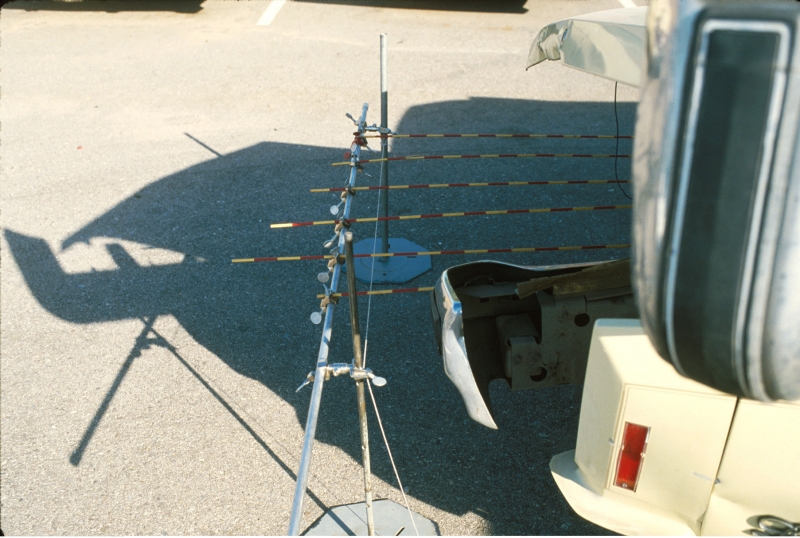

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PSU 87-159B (1986) #17

PSU 87-159B (1986) #18

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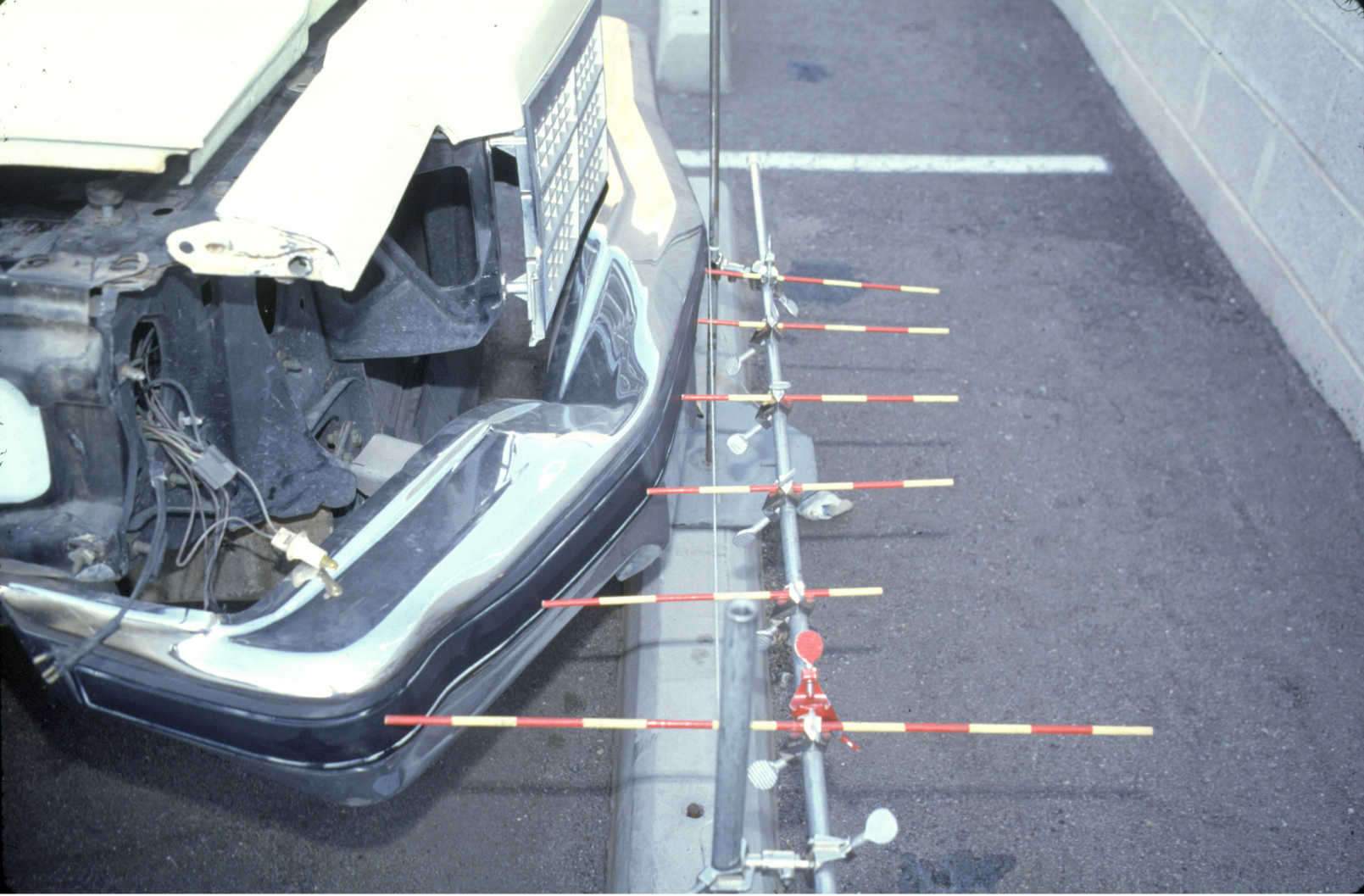

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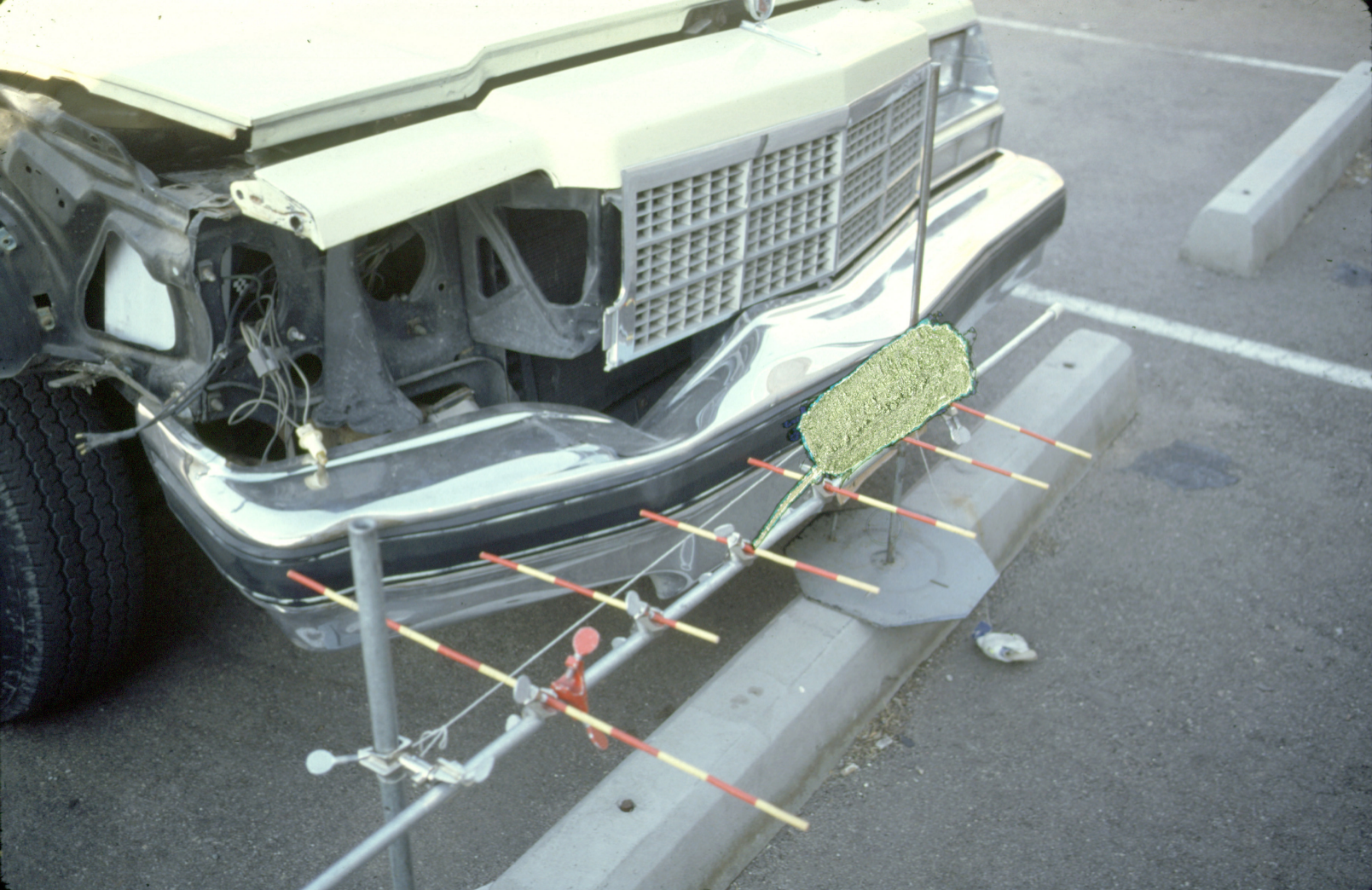

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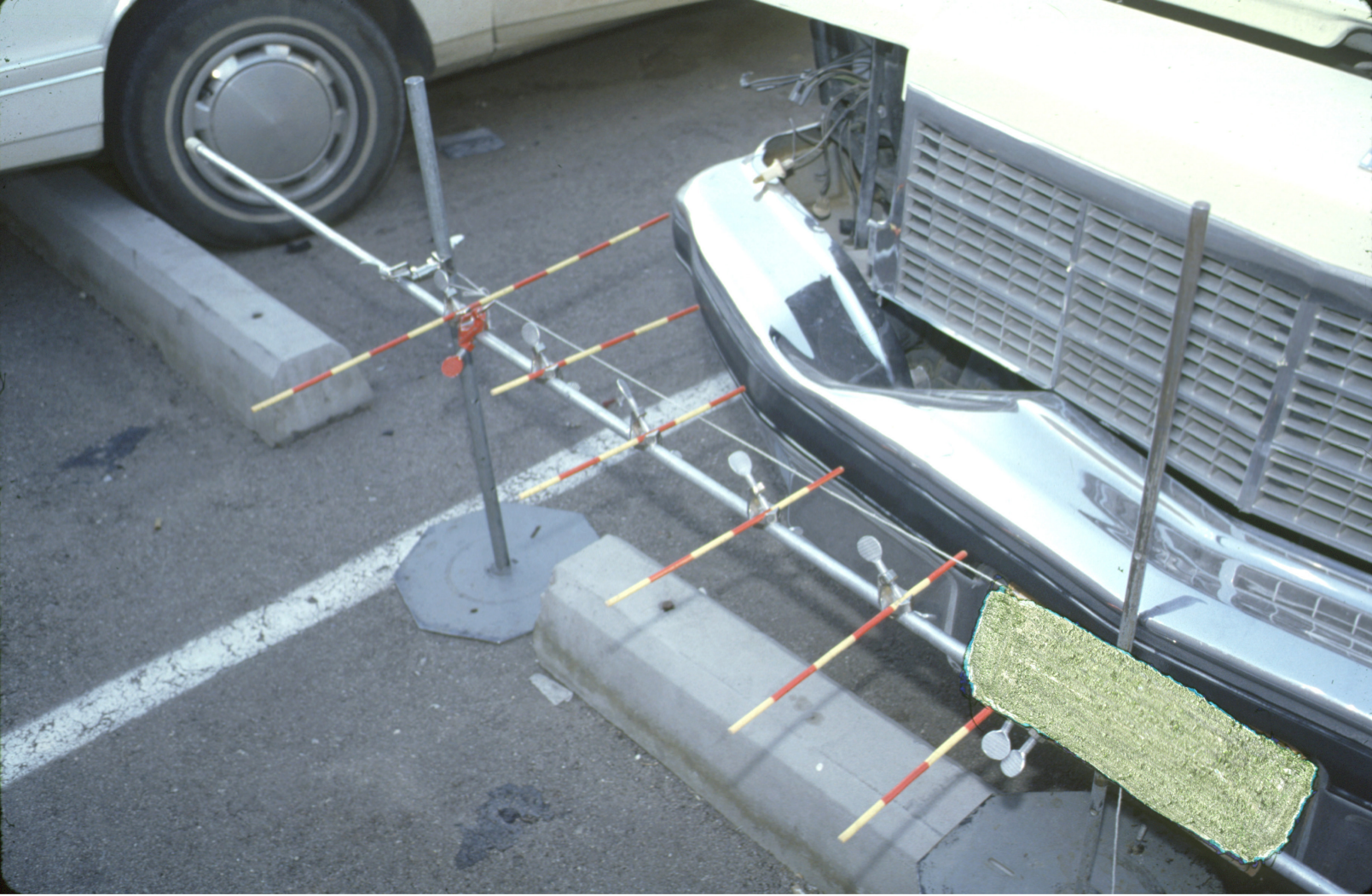

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PSU 87-159B (1986) #30

PSU 87-159B (1986) #31

PSU 87-159B (1986) #32

PSU 87-159B (1986) #33

PSU 87-159B (1986) #34

PSU 87-159B (1986) #35

PSU 87-159B (1986) #36

PSU 87-159B (1986) #37

PSU 87-159B (1986) #38

PSU 87-159B (1986) #39

PSU 87-159B (1986) #40

PSU 87-159B (1986) #41

PSU 87-159B (1986) #42

PSU 87-159B (1986) #43

PSU 87-159B (1986) #44

PSU 87-159B (1986) #45

PSU87-159B(1986)#46

PSU 87-159B (1986) #47

PSU 87-159B (1986) #48

PSU 87-159B (1986) #49

PSU 87-159B (1986) #50

PSU 87-159B (1986) #51

PSU 87-159B (1986) #52

PSU 87-159B (1986) #53

PSU 87-159B (1986) #54

PSU 87-159B (1986) #55

PSU87-159B(1986)#56

PSU 87-159B (1986) #57

PSU 87-159B (1986) #58

PSU 87-159B (1986) #59

PSU 87-159B (1986) #60

PSU 87-159B (1986) #61

PSU 87-159B #62
Best Available

PSU 87-159B #63
Best Available

PSU 87-159B #64
Best Available

PSU 87-159B #65
Best Available

PSU 87-159B (1986) #66

PSU 87-159B (1986) #67

PSU 87-159B (1986) #68

PSU 87-159B (1986) #69

PSU 87-159B (1986) #70

PSU 87-159B (1986) #71

PSU 87-159B (1986) #72

PSU 87-159B (1986) #73